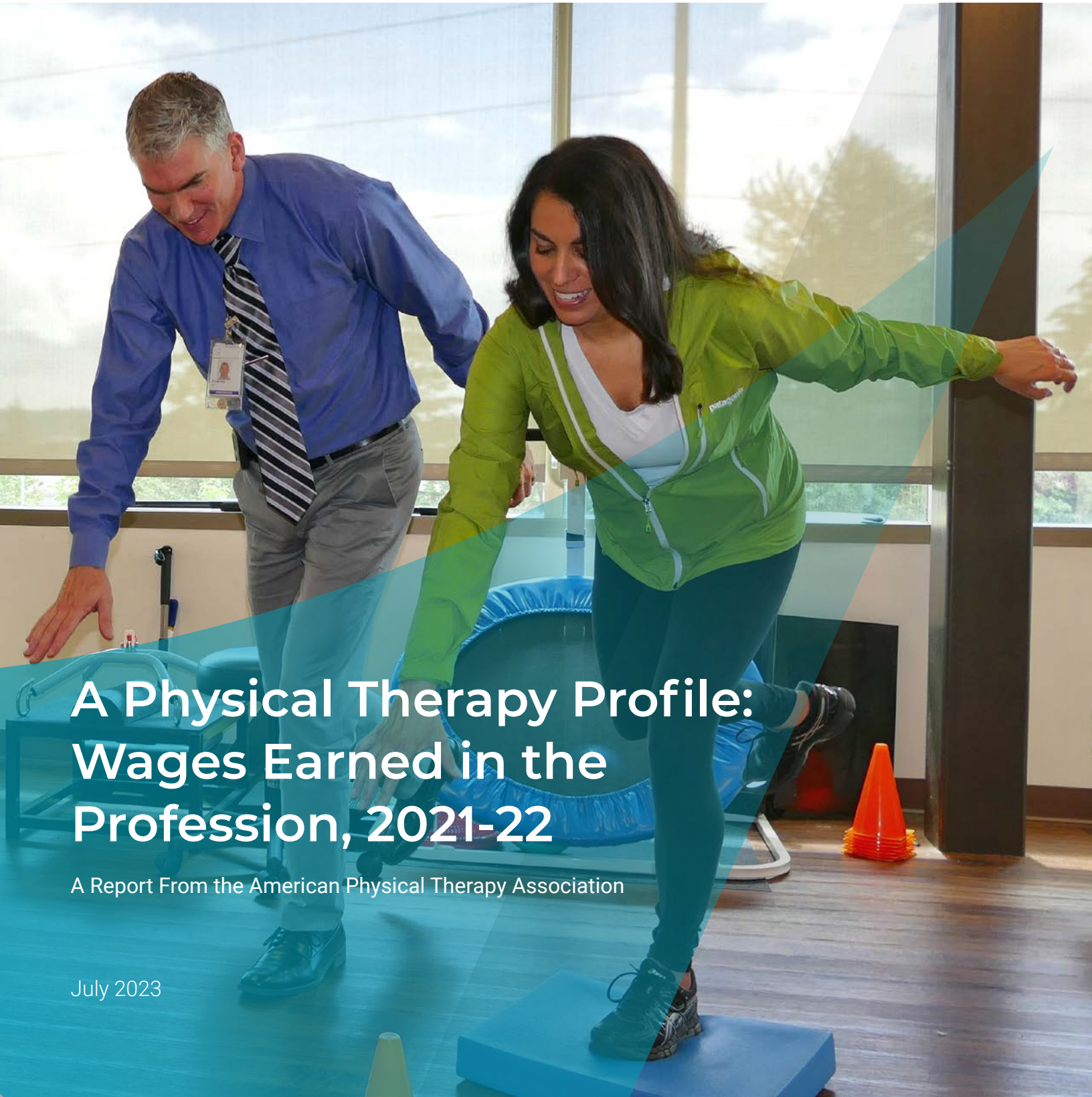
APTA
American Physical Therapy Association



A Physical Therapy Profile: Wages Earned in the Profession, 2021-22

A Report From the American Physical Therapy Association

July 2023

Table of Contents

Introduction and Background . . . 3
Report Highlights . . . 4
Physical Therapist Wages . . . 5
Geographic Distribution of PT Wages . . . 5
Growth in PT Wages in Real Versus Inflation-Adjusted Dollars . . . 6
Physical Therapists Employed on an Hourly Basis: Rates and Hours Worked Per Week . . . 8
Influence of Years of Experience on PT Wages . . . 8
Influence of Practice Setting on PT Wages . . . 10
PT Hourly Wage Comparisons . . . 12
PT Hourly Wage Comparison by Practice Setting . . . 13
PT Hourly Wage Comparison by Clinical Focus . . . 14
Sex/Gender Influences on PT Hourly Wage . . . 15
The Impact of Years in Practice on Wages for Female Versus Male PTs . . . 16
Influence of Race/Ethnicity on PT Hourly Wage . . . 17
PTs Entering the Profession . . . 18
Influence of Practice Setting on Early-Career PT Hourly Wage . . . 18
Influence of Race/Ethnicity on Early-Career PT Hourly Wage . . . 19
Influence of Clinical Focus on Early-Career PT Hourly Wage . . . 20
APTA Specialist Certification . . . 21
Influences of Sex/Gender or Race/Ethnicity on Wages for Clinical Specialists . . . 22
Influences of Early-Career Board Certification on Wages . . . 22
PT Residency and Fellowships . . . 23
Physical Therapist Assistant Wages . . . 24
Geographic Distribution of PTA Wages . . . 25
PTA Wages Growth in Real Versus Inflation-Adjusted Dollars . . . 26
PTA Wages Growth in Real Versus Inflation Adjusted Dollars . . . 27
PTAs Employed on an Hourly Basis: Rates and Hours Worked Per Week . . . 28
Influence of Years of Experience on PTA Wages . . . 29
Influence of Practice Setting on PTA Wages . . . 31
PTA Hourly Wage Comparisons . . . 33
PTA Hourly Wage Comparison by Practice Setting . . . 34
PTA Hourly Wage Comparison by Clinical Focus . . . 34
Influence of Sex/Gender on PTA Hourly Wage . . . 35
The Impact of Years in Practice on Wages for Female Versus Male PTAs . . . 35
Influence of Race/Ethnicity on PTA Hourly Wage . . . 36
PTAs Entering the Profession . . . 37
Influence of Practice Setting on Early-Career PTA Hourly Wage . . . 37
Influence of Clinical Focus on Early-Career PTA Hourly Wage . . . 37
Influence of Race and Ethnicity on Early-Career PTA Hourly Wage . . . 38
Data Methods/Technical Summary . . . 40
Appendices . . . 41

Introduction and Background

The American Physical Therapy Association has a history of commitment to workforce planning to optimize the patient experience and consumer access to physical therapy. By understanding and analyzing the available data on the physical therapy workforce, the profession can best position itself to respond to changes in demand, evaluate physical therapist and physical therapist assistant employment potential, and support advocacy that improves health care delivery and the health of society.

The report includes comparisons based not only on annual wages but also on our calculated estimates of wages per hour.

APTA has collected data on the wages of member PTs and PTAs at varying intervals between 2004 and 2021 as part of its recurring practice profile surveys. The surveys have generated statistics from association members on wages and demographics, and APTA has used them for projections and modeling of supply and demand in the profession. These efforts have expanded with "A Physical Therapy Profile: Wages Earned in the Profession, 2021-22," which focuses on wage data from the most recent survey. Data reflects survey results from physical therapists and physical therapist assistants, and includes discussions on the influences of geographic location, practice setting and clinical focus, years of experience, sex/gender, race/ethnicity, and advanced practice, and as well as comparisons with data from previous surveys.

The report includes comparisons based not only on annual wages but also on our calculated estimates of wages per hour. This provides additional insight on the dollars earned for hours worked in different settings and areas of clinical focus, as well as allowing for inclusion of those working part time and working full time on an hourly basis.

As shown in the "Years of Experience" section, accumulated experience — which correlates with a person's age — unsurprisingly impacts wages significantly. Given this, in reviewing the data to understand how different factors affect wages, APTA used a linear regression model, allowing us to make comparisons controlling for the influence of age/years of experience. Therefore, the overall results reported here control for age-associated differences within the groups analyzed. More detailed information on procedures used is in the technical summary at the end of the report.

APTA conducted its latest member practice profile survey in late 2021 and early 2022. Based on data from a separate survey we conducted in late 2022, the profession was recovering from the initial upheaval of the COVID-19 pandemic and returning to more typical patterns of employment, education, practice, and research. For example, 20% of practice owners surveyed for the 2021 COVID-19 report noted an increase in weekly patient volume compared with pre-pandemic levels. Similarly, responses from the latest practice profile survey indicate that more than 80% of PTs noted that their number of patient visits was stable or had increased in the past year.

As indicated, the association's recently released "A Physical Therapy Profile: Demographics of the Profession, 2021-22," a comparison of APTA survey data with that of the Bureau of Labor Statistics and the U.S. Census Bureau, shows that the demographics of association physical therapist and physical therapist assistant members track with those bureaus' statistics on the profession as a whole. We believe, then, that the 2021-22 data from APTA's surveys provides our best view of the current profession in terms of physical therapist and physical therapist assistant wages.

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Report Highlights

In this report you will find data and details on the following findings, among others:

Physical therapist wages are variable across the nation. Median annual wages for physical therapists range from $88,000 to $101,500, for a difference of $13,500 between the lowest and the highest. (Page 5) The median range for physical therapist assistant wages is $50,000 to $60,000. (Page 25)

Physical therapist wages have not kept pace with inflation in recent years. Between 2004 and 2013, PT and PTA annual wages matched or exceeded cost-of-living increases, but between 2016 and 2021, wages either met or began to lag behind the rate of inflation in all geographic regions except the West North Central region for PTs and the Middle Atlantic and New England regions for PTAs. (Pages 6 and 26)

Community type does not significantly influence wages. PTs and PTAs working in urban areas (defined as metropolitan or micro metropolitan areas) do not make significantly more or less than their counterparts working in small towns or rural areas. (Pages 6 and 26)

The majority of PTAs work on an hourly basis. As opposed to being annual salaried employees, 65% of PTAs earn an hourly wage. For PTs that number is 25%. (Page 28)

Wage variance among practice settings is inconsistent between annual full-time salaried and hourly based estimates. Based on annual full-time salaried wages, school-based (K-12) PTs and those in higher-education academic settings earn the least, and PTs in skilled nursing facilities earn the most. From an hourly wage perspective, however, PTs earn the most in hospital outpatient and acute care facilities, with SNFs at mid-range. (Pages 10 and 13) For PTAs, annual wages were highest in postsecondary academic settings, while home care settings paid PTAs the most based on hourly wage; academic settings were a close second. (Pages 31 and 34)

Hourly wages among clinical focus areas also vary widely. PTs practicing in lymphedema earn the lowest hourly wage, and PTs in clinical electrophysiologic physical therapy earn the highest. (Page 14) PTAs in geriatrics were paid the lowest hourly wage, while those in pediatrics were paid the highest. (Page 34)

Wages are highly influenced by age and years of practice, and the two factors closely correlate. Controlling for PT and PTA age in the data analysis allows true differences in wages to be identified. (Page 8 and 29)

PTs who are board certified earn higher wages than those who are not. Specialist certification by the American Board of Physical Therapy Specialties increases the hourly rate in all settings that offer a board specialty. The impact is compounded for PTs who earn board certification in their first five years of practice. (Page 22) The influence on physical therapist assistant wages of completion of the PTA Advanced Proficiency Pathways program could not be measured; a larger sample size would be needed.

Male PTs and PTAs do not necessarily have higher wages than female PTs or PTAs. The gender pay gap in physical therapy wages is complicated and nuanced, and not universal throughout the field. (Page 15 and 35)

Similarly, the influence of race and ethnicity on wage differences is complicated and nuanced. Based on the results of the 2021-22 APTA practice profile survey, race did not influence physical therapist hourly wage; however, for PTAs there was a statistically significant association between hourly wage and race, with white PTAs earning the least and Asian PTAs earning the most. (Page 17 and 36)

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Physical Therapist Wages

Geographic Distribution of PT Wages

Physical therapist wages can be influenced by the geographic practice region, as supported by the survey results. The median reported annual wages in each year's actual dollars are listed by region. (See the next section for a discussion of annual wages over the same time period as adjusted for inflation.)

The data reflects the median gross earned wages reported by respondents who were salaried and practiced full time. Median (rather than mean) salaries are presented because the median statistic is not as sensitive to extreme values. In 2021, while most regional salaries hovered around the national median, the West was flanked by both the lowest (Mountain area at $88,000) and highest (Pacific at $101,500) wages.

Median Gross Earned Wages of Full-Time PTs Nationally and by Geographic Region

	2004	2005	2006	2008	2010	2013	2016	2021
National								
	$68,000	$70,000	$75,000	$80,000	$80,000	$85,000	$85,000	$91,000
Northeast								
New England	$65,000	$70,000	$70,000	$77,000	$80,000	$80,000	$84,000	$90,000
Middle Atlantic	$70,750	$73,000	$75,000	$80,000	$80,000	$86,000	$85,000	$93,000
Midwest								
East North Central	$66,000	$70,000	$73,000	$77,000	$80,000	$85,000	$83,000	$90,000
West North Central	$62,000	$67,200	$70,000	$73,000	$75,000	$75,500	$80,000	$90,000
South								
South Atlantic	$67,000	$70,000	$74,000	$80,000	$80,000	$83,000	$85,000	$90,000
East South Central	$70,000	$70,000	$75,000	$80,000	$84,000	$84,000	$83,600	$92,183
West South Central	$70,500	$73,750	$80,000	$80,000	$85,000	$86,450	$86,000	$94,700
West								
Mountain	$65,000	$68,000	$70,000	$75,000	$80,000	$83,000	$82,000	$88,000
Pacific	$72,000	$75,500	$80,000	$86,000	$90,000	$93,500	$92,000	$101,500

New England: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont; Middle Atlantic: New Jersey, New York, Pennsylvania; East North Central: Illinois, Indiana, Michigan, Ohio, Wisconsin; West North Central: Iowa, Kansas, Minnesota, Missouri, Nebraska, North Dakota, South Dakota; South Atlantic: Delaware, District of Columbia, Florida, Georgia, Maryland, North Carolina, South Carolina, Virginia, West Virginia; East South Central: Alabama, Kentucky, Mississippi, Tennessee; West South Central: Arkansas, Louisiana, Oklahoma, Texas; Mountain: Arizona, Colorado, Idaho, Montana, Nevada, New Mexico, Utah, Wyoming; Pacific: Alaska, California, Hawaii, Oregon, Washington

(Chart below shows graphical comparisons.)

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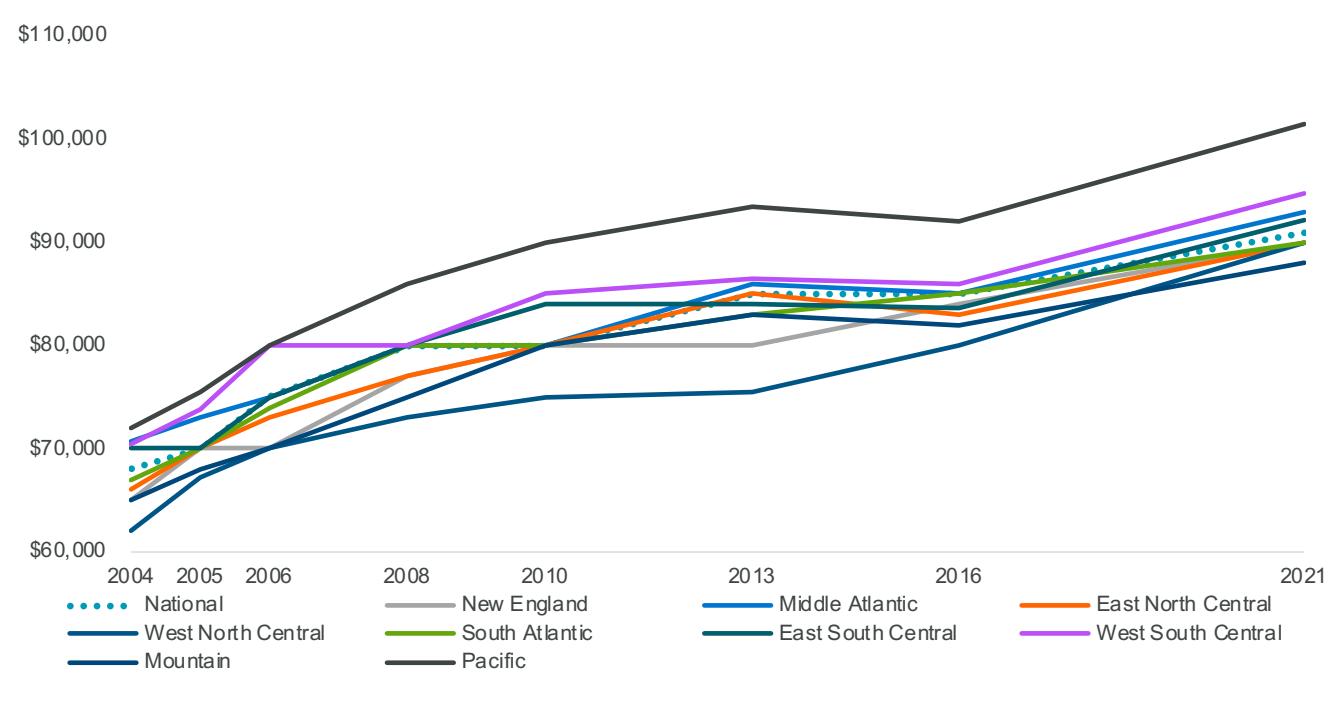
Median Gross Earned Wages of Full-Time PTs Nationally and by Geographic Region 2004-21



Growth in PT Wages in Real Versus Inflation-Adjusted Dollars

To provide a more accurate barometer of the change in physical therapist wages over time, APTA also adjusted the national full-time PT wage figures for inflation using the U.S. Consumer Price Index, the measure for adjusting dollar values used by the Bureau of Labor Statistics.

The graphs on the next page compare PT wages by region with and without the national CPI adjustment for inflation for the survey years between 2004 and 2021. (Regional differences in cost of living are not considered in the analysis. Doing so likely would identify even larger gaps between adjusted and unadjusted wage amounts in high cost-of-living states, such as New York and California, where some of the highest concentrations of physical therapists are found.) Adjusting for CPI shows that the impact of inflation has varied over the years and by region of the country. In all eight geographic regions, PT wages matched or exceeded inflation between 2004 and 2013. Between 2016 and 2021, physical therapist wages began to lag behind the rate of inflation in all but the West North Central region.

To assess the impact of rural versus urban locations on earnings, the median full-time salaries were classified according to national location classification data. While there is variability noted in the regional location of PT employment, when controlled for age, PTs practicing in urban areas (defined as metropolitan or micro metropolitan areas) make an estimated $1.68 more than rural PTs; however, it is not a statistically significant difference (p = 0.294).

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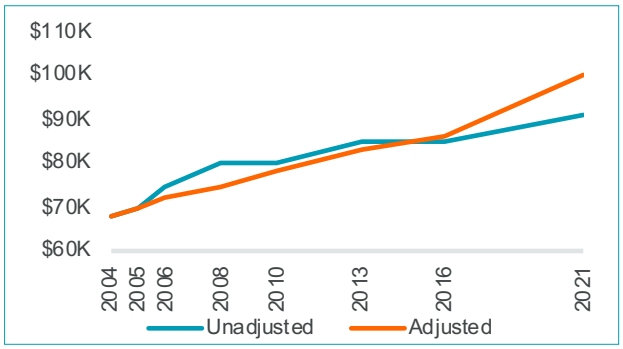
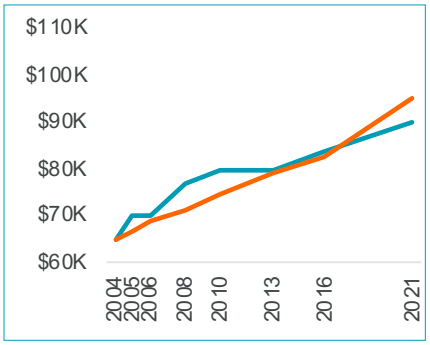
At right: National unadjusted gross wages of physical therapists compared with inflation-adjusted wages between 2004 and 2021.

Below: Comparison for each U.S. geographic region.

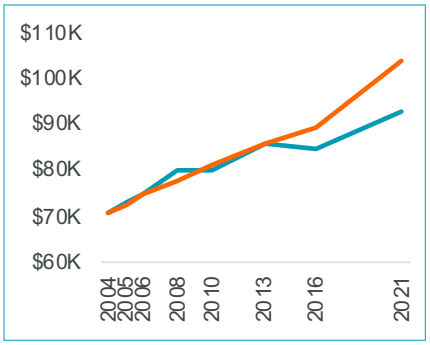
Comparison of National PT Wages With and Without Inflation Adjustment



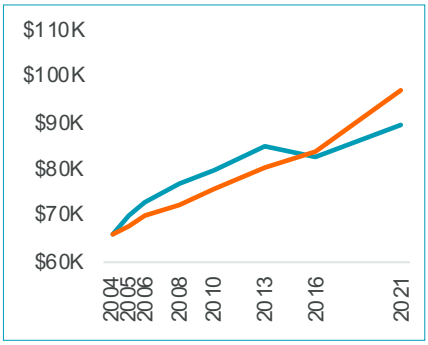
New England



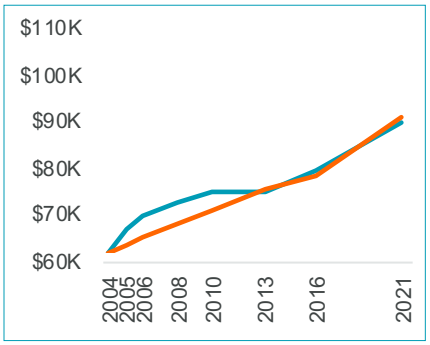
Middle Atlantic



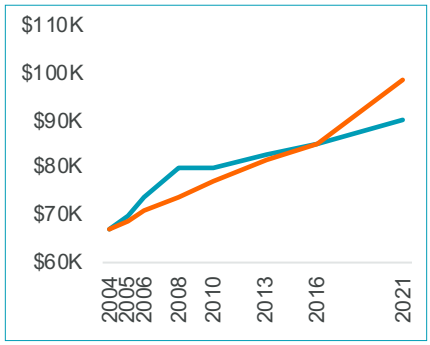
East North Central



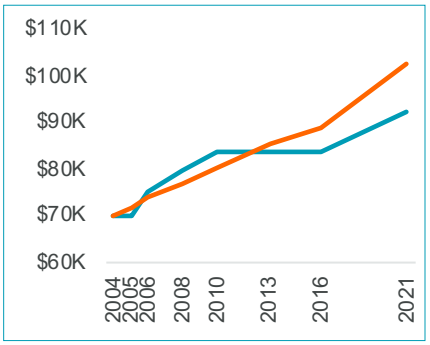
West North Central



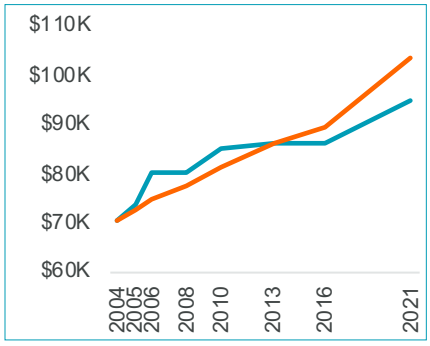
South Atlantic



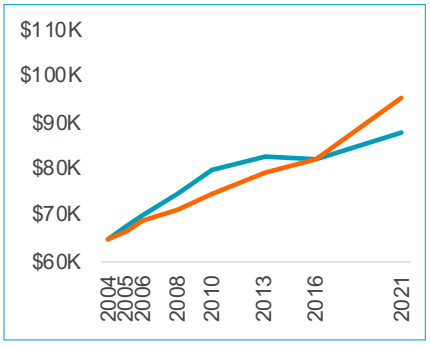
East South Central



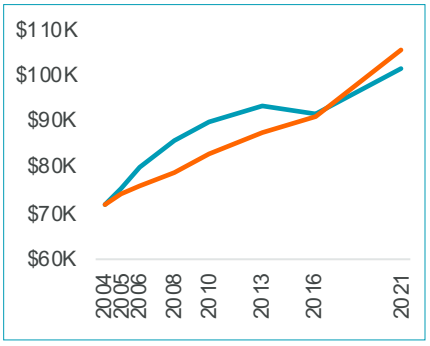
West South Central



Mountain



Pacific



Teal line = Median PT wage increase since 2004. Orange line = 2004 wage increase based on inflation. Gaps between years indicate years with no available survey data.

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Physical Therapists Employed on an Hourly Basis: Rates and Hours Worked Per Week

In the APTA practice profile survey, 25% of PTs responded that they were paid hourly, rather than by annual salary. Their hourly rates also have been outpaced by the rate of inflation since 2013. Whether full time or part time, they are earning about $6 per hour less than the value of their hourly rate in 2013 and about $5 per hour less than the value of their hourly rate in 2016.

		2013	2016	2021	2013/2016 CPI Adjusted to 2021
Full-time hourly	Hourly rate	$38	$40	$42	$44.20/$45.16
	Median hours worked	40	40	40	
Part-time hourly	Hourly rate	$40	$45	$47	$46.53/$50.81
	Median hours worked	22	23	22	

Influence of Years of Experience on PT Wages

Based on responses to the 2021-22 practice profile survey from physical therapists working full time, for each year of practice in the field of physical therapy, PTs earned an additional $0.40 per hour, or $800 annually (based on a 40-hour work week).

Years of experience correlates highly with age, at about 95% (r = .95). Thus, both factors have the same influence on wages earned. To ensure that differences in wages among practice setting groupings were not skewed by older or younger cohorts unevenly distributed among the settings, APTA fit linear regression models controlling for the influence of age. (The technical summary on Page 40 gives further explanation.) Thus, differences found among settings are not attributable to the age of the respondents.

An analysis of the influence of inflation from 2004 to 2021 on physical therapist wages by years of experience demonstrated that wages outpaced inflation until 2016, when the trend was reversed through 2021. The graphs on the next page show the comparisons between unadjusted and inflation-adjusted wages for each range of years of experience.

Median Gross Earned Wages of Full-Time PTs by Years of Experience

	2004	2005	2006	2008	2010	2013	2016	2021*
0-3	$51,000	$54,000	$56,000	$60,000	$60,660	$64,000	$67,000	$72,000
4-6	$58,000	$62,000	$65,000	$70,000	$70,000	$73,000	$74,000	$80,000
7-9	$64,000	$69,000	$70,000	$75,000	$77,000	$78,000	$80,000	$85,000
10-15	$70,000	$75,000	$75,000	$80,000	$82,500	$90,000	$89,000	$93,000
16+	$75,000	$80,000	$80,000	$86,000	$90,000	$92,000	$96,250	$104,000

*n values for 2021: 0-3, n = 298; 4-6, n = 487; 7-9, n = 355;10-15, n = 452;16+, n = 1,424.

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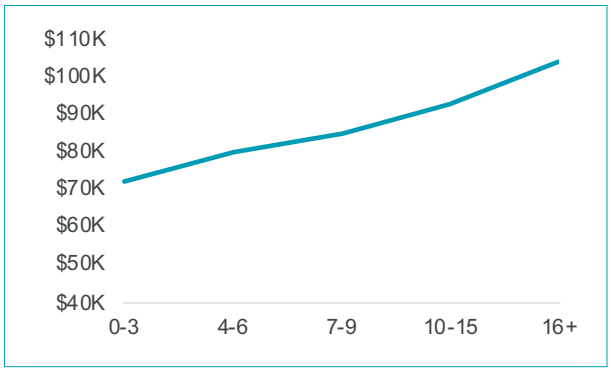
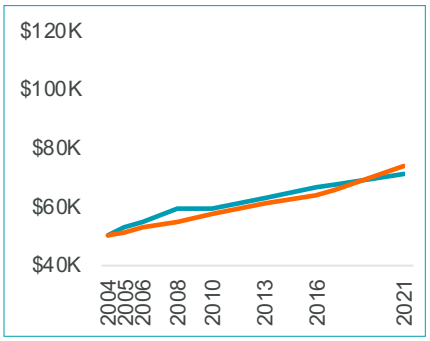
At right: Physical therapist wages by years of experience in 2021.

Below: Comparison of unadjusted versus inflation-adjusted PT wages for each range of years of experience.

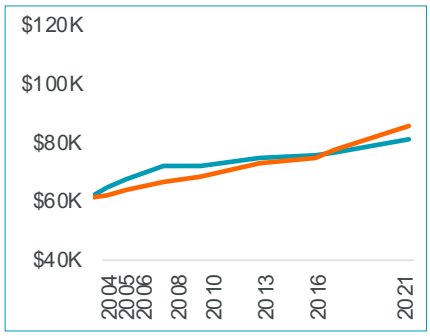
PT wages by years of experience 2021



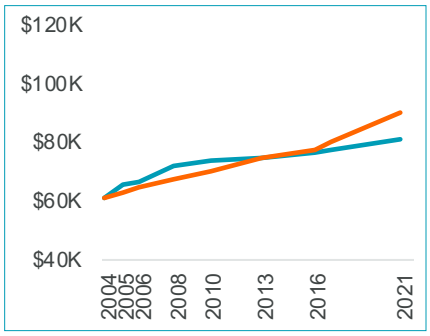
0-3 Years



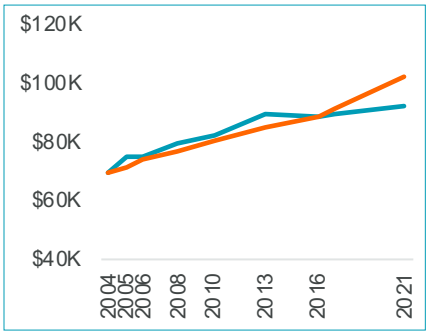
4-6 Years



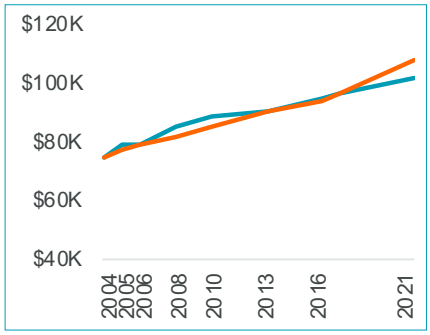
7-9 Years



10-15 Years



16+ Years



Teal line = Median wage increase since 2004. Orange line = 2004 wage increase based on inflation. Gaps between years indicate years with no available survey data.

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Influence of Practice Setting on PT Wages

PT wages historically vary between practice settings. Skilled nursing and long-term care facilities historically pay a higher wage than other practice areas. However, between 2016 and 2021, median wages in those settings experienced a slightly smaller dollar increase ($7,000) than most other areas, which experienced increases of $8,000-$8,500. Exceptions were acute care ($6,000 increase) and private outpatient ($5,000 increase). The percentage of increases also has varied. The areas with the greatest percentage change from 2016 to 2021 were hospital-based outpatient (9.4%), home care (9.4%), inpatient rehab (9.7%), and school system (11.1%). Acute care (6.7%) and private outpatient (6.2%) changed the least. These changes brought many of the salaries closer together, which indicates that the variances may be narrowing.

Based on responses from the practice profile survey, the largest percentage of physical therapists practice in private outpatient settings (39%), followed by hospital-based outpatient settings (21%).

Median Gross Earned Wages of Full-Time PTs by Practice Setting

	2010	2013	2016	2021
Private outpatient office or group practice (39% of PTs)	$80,000	$80,000	$80,000	$85,000
Hospital-based outpatient facility or clinic (21%)	$80,000	$83,000	$85,000	$93,000
Acute care hospital (10%)	$85,000	$92,000	$89,000	$95,000
Patient's home/home care (6%)	$85,500	$87,000	$90,000	$98,500
Skilled nursing facility/long-term care (10%)	$88,000	$91,000	$95,000	$102,000
Inpatient rehab facility (3%)	$74,000	$70,000	$82,000	$90,000
Postsecondary academic institution (8%)	$85,000	$90,000	$90,000	$98,000
Other (6%)	$80,000	$80,000	$90,000	$96,000
K-12 school system (3%)	$70,000	$71,000	$72,000	$80,000

Due to small sample size, wages are not reported in categories with fewer than 25 respondents, including health and wellness, research, and industry.

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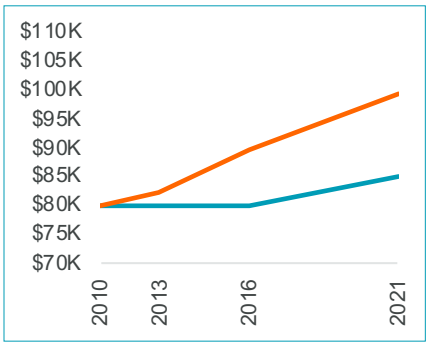
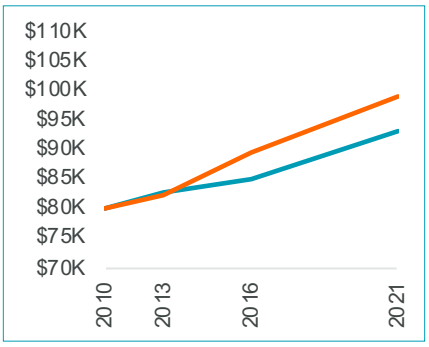
Below: Comparison of unadjusted versus inflation-adjusted PT wages for each practice setting. The 2010 employment setting data was evaluated to determine if PT wages have kept pace with inflation over the previous 11 years. Inflation outpaced all PT practice settings except for inpatient rehabilitation. Private outpatient and acute care settings saw the greatest difference between wage increases and inflationary impact.

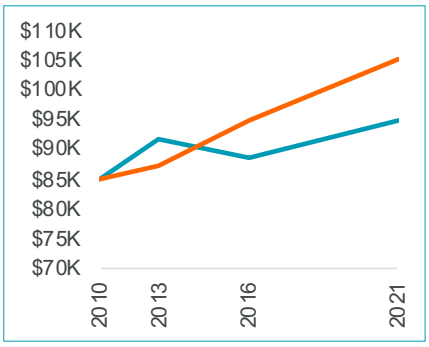
Private Outpatient



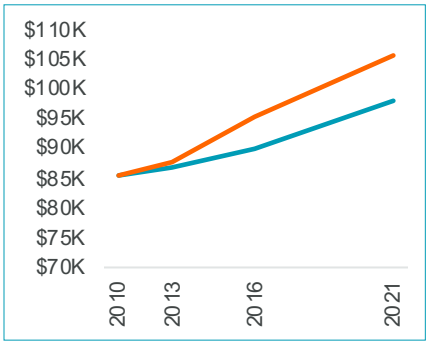
Hospital Outpatient



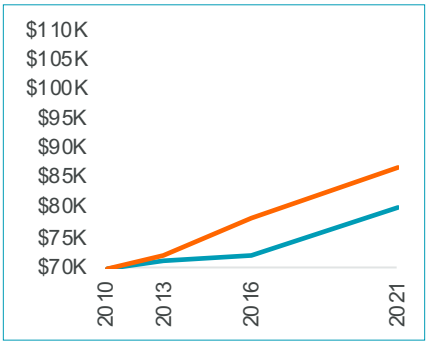
Acute Care



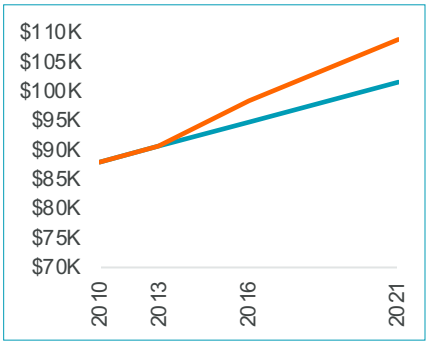
Home Care



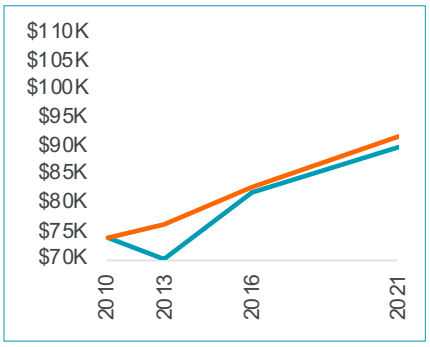
School System



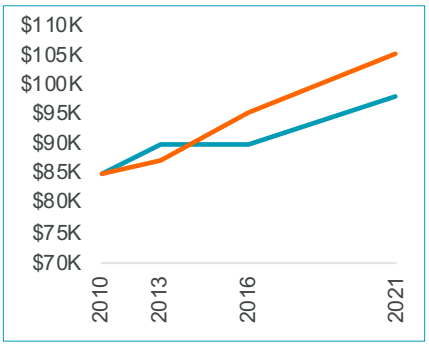
SNF



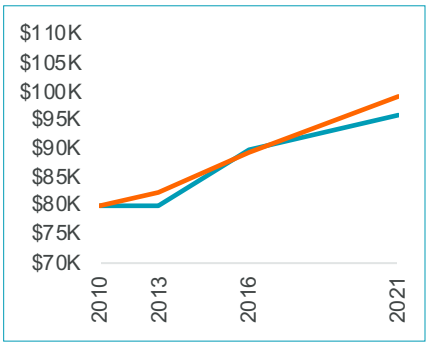
Inpatient Rehab



Academic Institution



Other



Teal line = Median wage increase since 2010. Orange line = 2010 wage increase based on inflation. Gaps between years indicate years with no available survey data.

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PT Hourly Wage Comparisons

Historically, data on wages has described the annual salaries of physical therapists at their primary positions in different regions, practice areas, and employment settings as well as by their years of experience. To better quantify the many factors that influence wages, APTA also converted the wages data from its 2021-22 practice profile survey to an hourly wage based on the reported hours worked. This allowed for more lateral comparisons of time spent for dollars earned when PTs report varying weekly hours. For these hourly comparisons, APTA used data from both full-time and part-time salaried and hourly employed PTs.

In the hourly analysis of the data, we excluded the following responses:

- Those who reported making less than federal minimum wage.
- Those who reported part-time status but worked more than 34 hours.
- Those who reported being full time but worked fewer than 34 hours or more than 60 hours.

Analysis of each category — practice setting, clinical focus, and so forth — began with identifying the area within the category with the lowest hourly wage, considered the baseline, and then generating a comparative adjusted ranking of hourly wages for each area above the baseline. The result quantifies, relatively, how much more or less a PT in a given area would earn per hour over the others within the category.

Note that these are relative comparisons. Because of the variations in wages shown earlier by region of the country, years of experience, and practice setting, we did not set a dollar amount for the baseline. Instead, it is a relative "zero" that the other areas build on to determine the differences in hourly wages.

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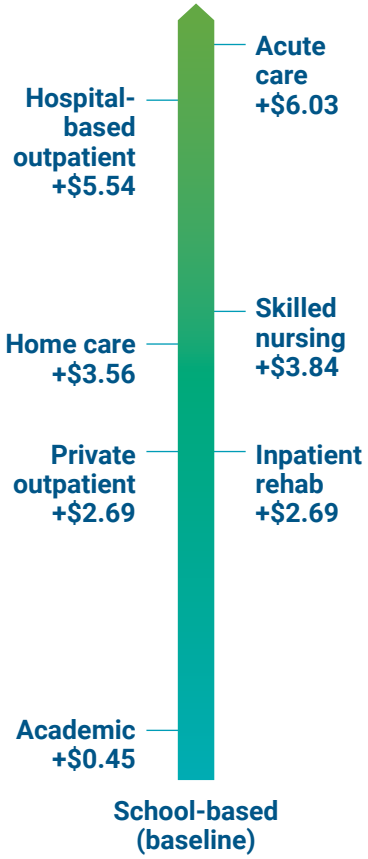
PT Hourly Wage Comparison by Practice Setting

Analysis of employment found a significant association between hourly wages and practice setting. The baseline for comparison is the school (K-12) setting, as the lowest-paying-per-hour setting analyzed. The highest-paying setting per hour is acute care, at $6.03 more than the baseline. Along the spectrum, PTs in academic settings earn $0.45 more than baseline, inpatient rehab and private outpatient offices pay $2.69 more, home care pays $3.56 more, SNFs pay $3.84 more, and hospital-based outpatient settings pay $5.54 more than baseline.

The hourly wage comparison results in slightly different conclusions about average wages variations by practice setting from the annual wages comparison. For example, in the table on Page 10, PTs in SNFs are shown to earn the highest annual wages, but they are only mid-range above the baseline on an hourly basis. The difference is reflected in the number of hours practiced in each setting.



The baseline for comparison is the school (K-12) setting, as the lowest-paying-per-hour setting analyzed. The highest-paying setting per hour is acute care, at $6.03 more than the baseline.

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PT Hourly Wage Comparison by Clinical Focus

As with practice setting, there is a significant association between hourly wages of PTs and clinical focus. The baseline for comparison is lymphedema, as the lowest-paying-per-hour clinical focus analyzed. Sports, at $0.19 higher, and pediatrics, at $1.27 higher, were also at the low end of the hourly wage comparison.

The hourly wage increase in other areas of clinical focus ranged from $2.63 (women's health) to $6.15 (neurology) more per hour above the baseline (lymphedema). An outlier is clinical electrophysiology, with the highest hourly rate of $33.63 more per hour. Given that PTs with this clinical focus must be board certified in clinical electrophysiologic physical therapy and often charge larger hourly fees to account for specialized testing and reporting, this hourly rate appears in line with the other focus areas. (See "Board-Certified Clinical Specialists in Clinical Electrophysiologic Physical Therapy" below for more explanation.)

The proportion of patients within different age groups (from infants to seniors) did not influence hourly wages for any of the areas of clinical focus.

Board-Certified Clinical Specialists in Clinical Electrophysiological Physical Therapy

Physical therapists who are board certified in clinical electrophysiological physical therapy are the highest paid among the board specialization areas, and among PTs in general. They earn, on average, $27.20 per hour more than those in the lowest-paying specialty, women's health physical therapy, based on estimated hourly rates. (The gap is higher among PTs in general, $33.63 more per hour than the lowest-paying clinical focus, lymphedema management.) Reasons include the high values of electromyography CPT codes that reflect diagnostic tests requiring high-cost equipment, significant time, training, risk, and clinical decision making, compared with many other procedural codes billed by physical therapists. Because of the specialized nature of these diagnostic procedures, Medicare limits the billing of these codes to PTs who are board certified in clinical electrophysiological physical therapy (or those being supervised by one). Commercial payer policies may differ from Medicare, but regardless of the payer, appropriately trained PTs can provide the services only in states where legally permitted.

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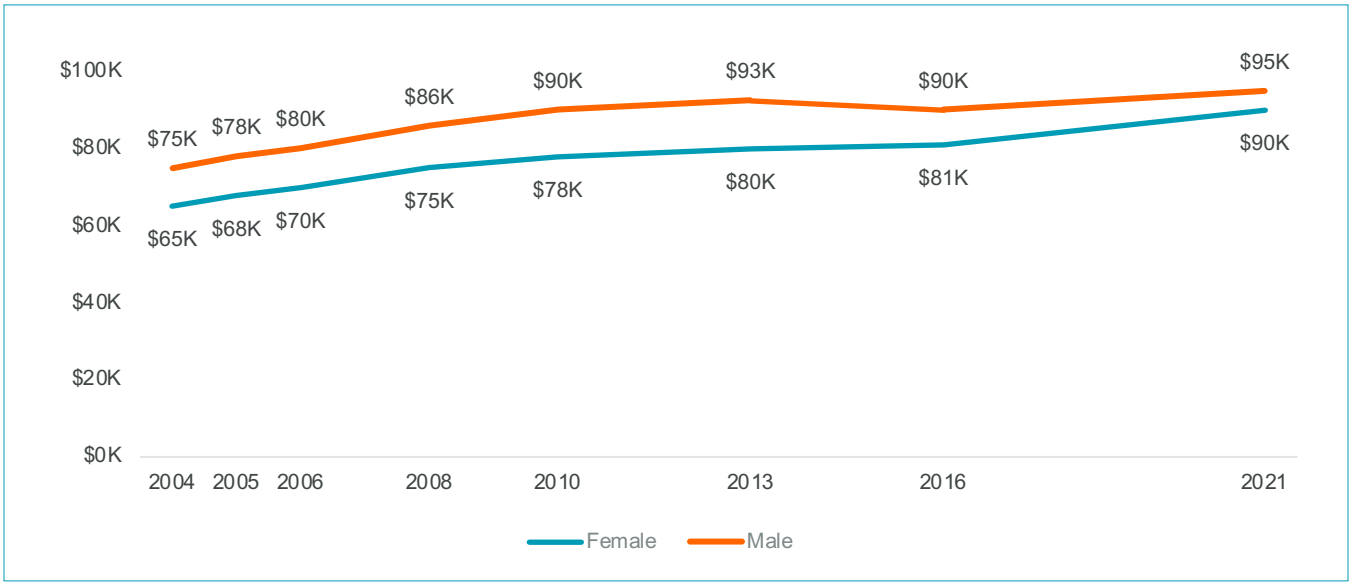
Sex/Gender Influences on PT Hourly Wage

The influence of self-identified sex/gender (female/male) on wages is complicated and has been the source of significant attention as the nation struggles to understand and address the gender pay gap. APTA had an approximately 92% response rate to the question asking respondents to self-identify their sex as either female (69%) or male (30%). (Other options were not included in the practice profile survey, and the survey used the term "sex" — typically referring to biological characteristics — without including "gender," which typically refers to social identity.) The distribution largely aligns with 2021 data from the Bureau of Labor Statistics showing 71% of PTs to be women and 32% to be men.

When looking at national data in aggregate (per the 2021 Bureau of Labor Statistics median weekly earnings of full-time salary workers), female physical therapists earn $0.95 for every $1.00 earned by male PTs. In the overall PT practice profile survey cohort, the wages ratio of female to male PTs is 0.95, meaning, overall, female physical therapists earn $0.95 for every $1.00 earned by male PTs. However, the current aggregate data fails to show the nuances of the earnings differences.

While the gap in wages between male and female physical therapists remained largely unchanged 2004 through 2013, it began to narrow in 2016, becoming less than half as wide in 2021 as in 2013.

PT Median Gross Earned Wages by Sex/Gender 2004-21



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The Impact of Years in Practice on Wages for Female Versus Male PTs

As explained earlier (see "Influence of Years of Experience" on Page 8), age and years of experience strongly influence wages, as people gain work experience and take on larger responsibilities, get promoted, and change jobs. To evaluate the differences in wages over time between male and female PTs, the practice profile survey data was stratified by years of experience. As shown in the table below showing hourly wages by sex/gender and years of experience, a "wage gap" was found only in two age groups: those at 11-15 years of experience and those at 31-35 years of experience. No other age groups were found to have a statistically significant wages gap.

Years of Experience	Estimated Gap (Male-Female)	Effect Size	Significant?	Males	Females
0-5	$0.15 per hour	d = 0.062	No (p = 0.784)	239	541
6-10	$2.04 per hour	d = 0.091	No (p = 0.280)	162	358
11-15	$4.07 per hour	d = 0.318	Yes (p = 0.010)	87	235
16-20	-$0.44 per hour	d = -0.021	No (p = 0.842)	87	154
21-25	$0.70 per hour	d = 0.009	No (p = 0.865)	107	204
26-30	-$1.58 per hour	d = -0.063	No (p = 0.683)	84	179
31-35	$9.68 per hour	d = 0.351	Yes (p = 0.031)	53	154
36-40	$2.76 per hour	d = 0.199	No (p = 0.359)	42	145
41-45	$3.67 per hour	d = 0.187	No (p = 0.261)	30	71
46-50	-$5.87 per hour	d = -0.422	No (p = 0.640)	8	12

These findings are supported by a study published in 2022 by PTJ: Physical Therapy & Rehabilitation Journal. Authors Chevan and Chevan used 2014-2018 U.S. Census American Community Survey five-year public data to determine ratios of physical therapist female-to-male earnings, which ranged from 0.89 to 0.90.

In their study, the authors used age rather than years of practice to stratify their sample. In the 30-54 and ≥ 55 age groups male PTs earned more than their female counterparts. Given that physical therapists on average enter the field around age 24, that number would be added to APTA's grouping of 11-15 years of experience for an estimated age range of 35-39 for that group. Similarly, adding 24 to APTA's 31-35 grouping for an estimated age range of 55-59 for that group. While the age ranges are not identical to each other, they demonstrate consistency between APTA's findings and those of the PTJ study, which has a cohort of more than 12,000 therapists. The effect sizes lend confidence to the interpretation of the findings in the APTA sample.

It is important to continue to collect data to examine this complicated issue. More in-depth tracking and understanding of the current environment for entering young professionals — including evolving thinking about sex and gender identity — may help highlight the multiple factors that influence wages and provide insight into strategies to combat disparities when they arise throughout physical therapists' careers.

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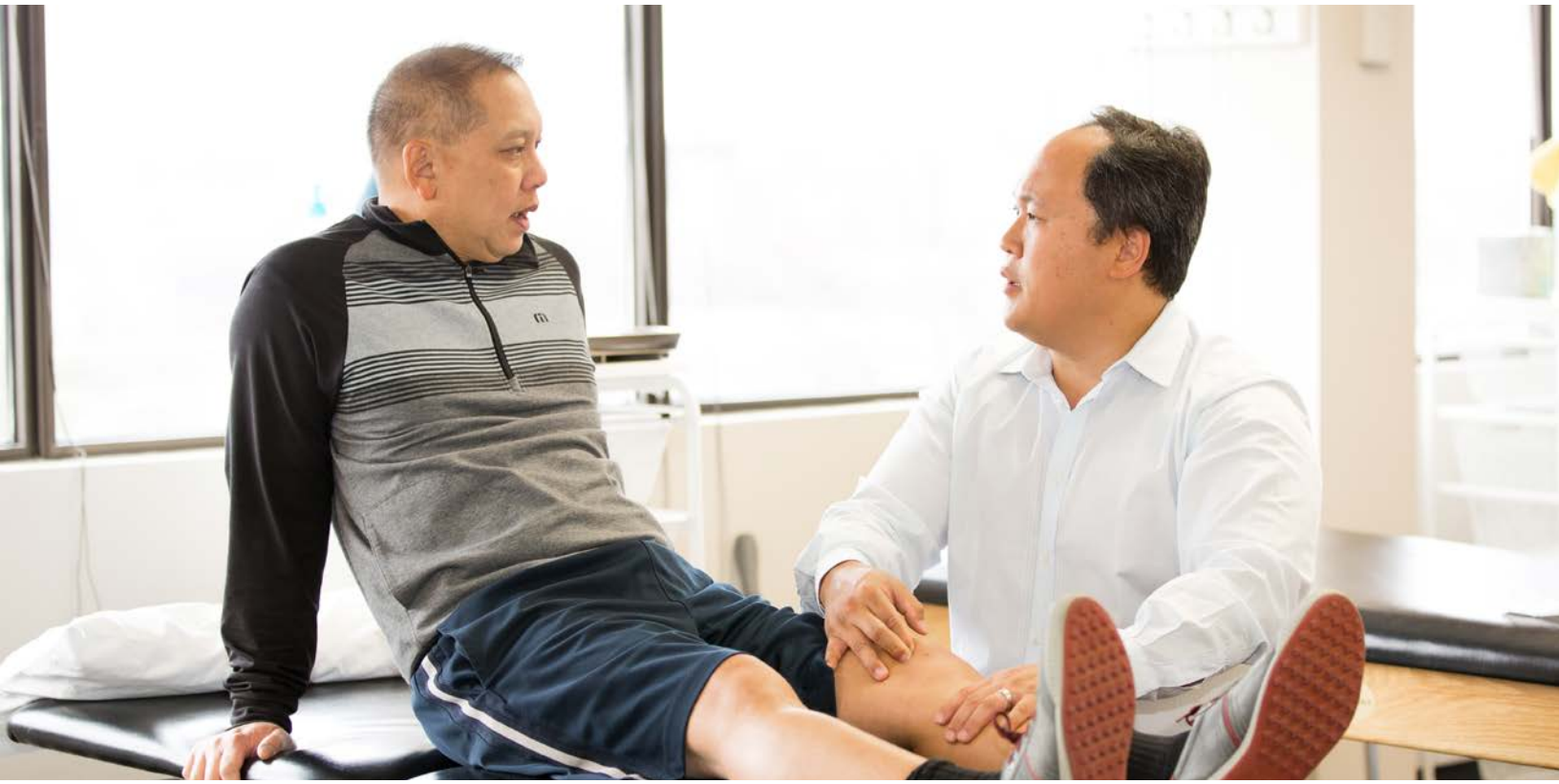
Influence of Race/Ethnicity on PT Hourly Wage

APTA assessed the 2021-22 practice profile data to examine physical therapist wages in relation to race and ethnicity. While there were differences, a P value of .134 indicated that race did not influence physical therapist hourly wage overall.

Race/Ethnicity	% PT Respondents	Estimated Change From Baseline	Effect Size	Significant?
White	87.4%	Baseline	-	-
African American or Black	1.6%	+$0.70 per hour	d = 0.039	No (p = 0.754)
Hispanic/Latino	3.3%	+$1.82 per hour	d = 0.106	No (p = 0.156)
Asian	5.4%	-$4.04 per hour	d = -0.164	No (p = 0.070)
Other*	2.0%	-$0.96 per hour	d = -0.046	No (p = 0.698)

*Includes but isn't limited to American Indian or Alaska Native (0.3% of respondents), and Pacific Islander or Native Hawaiian (0.2% of respondents); which individually had sample sizes too small.



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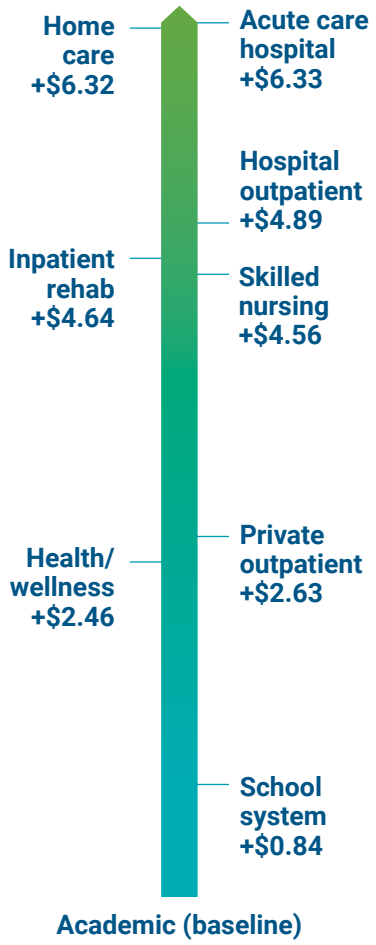
PTs Entering the Profession

In "Influence of Years of Experience" (Page 8), we explained how wages increase as PTs gain years of practice as they age. As seen in the gender pay difference data, early, mid, and late career time periods may be associated with unique issues and characteristics. To gain insight into the current environment that PTs are entering into upon graduation, and potentially explore ways to influence wages trajectories, APTA performed a targeted analysis of only physical therapists in their first five years of practice, those having graduated after 2017.

Influence of Practice Setting on Early-Career PT Hourly Wage

As with physical therapists at large, there is a significant association between hourly wages and the facility where early-career PTs are employed. With the lowest hourly wages, academics was the baseline. Acute care ($6.33 more per hour) and home care ($6.32 more per hour) settings paid the highest hourly wages in comparison.



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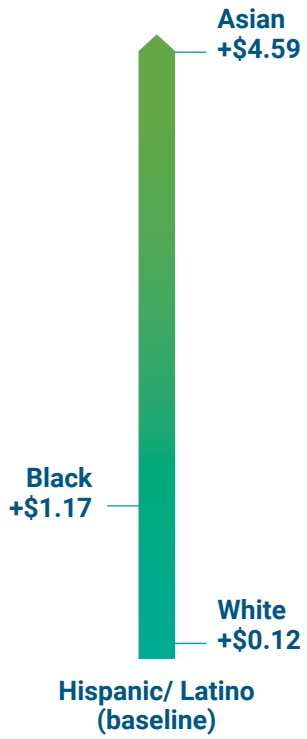
Influence of Race/Ethnicity on Early-Career PT Hourly Wage

Unlike the profession at large, there was a statistically significant association between hourly wages and race or ethnicity in the first five years of practice, benefitting those who identify as Asian and Black (non-Hispanic) over those who identify as Hispanic/Latino, which is the baseline, and white (non-Hispanic).



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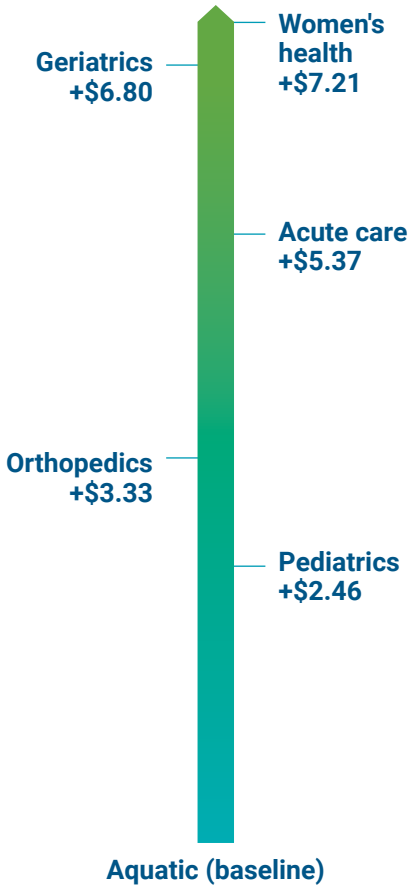
Influence of Clinical Focus on Early-Career PT Hourly Wage

We performed the analysis of hourly wages comparisons among areas of clinical focus using only the early-career PT respondents. Again, there was variation, but the placement of clinical areas along the trajectory from low to high differed from that of physical therapists overall. For these new graduates, the baseline group was aquatic physical therapy. Women's health paid the highest hourly wage at an increase of $7.21 per hour over the baseline, followed by geriatrics at $6.80 and acute care at $5.37. Neurology, orthopedics, and pediatrics clustered around the midpoint.

Note that not all of the practice areas from the analysis of physical therapists at large (Page 10) are represented here, because those included in this chart — acute care, aquatic, geriatric, neurologic, orthopedic, pediatric, and women's health physical therapy — are the only areas represented by survey results for respondents in the first five years of practice.

As with hourly wage by clinical focus for all PTs surveyed, the proportion of patients within different age groups (from infants to seniors) did not influence hourly wages for any of the areas of clinical focus.



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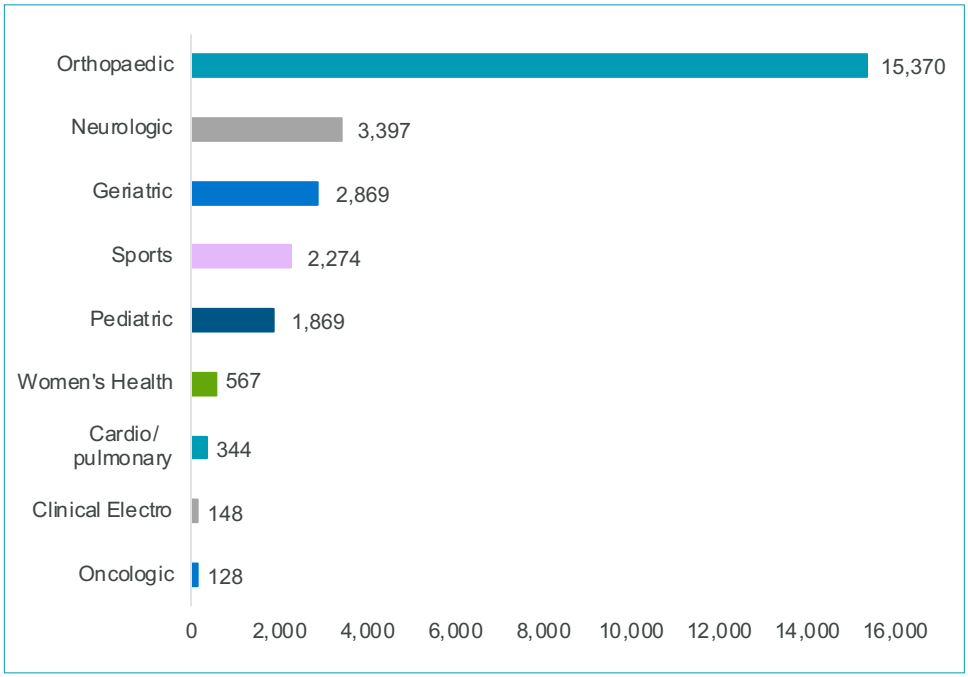
APTA Specialist Certification

As of December 2021, 26,308 physical therapists have achieved specialist certification by the American Board of Physical Therapy Specialties. (Specialization in wound management recognized its first cohort of board specialists in 2022.)

Number of Board-Certified Specialists by Specialty Area in 2021



In analyzing the influence of board certification on wages, APTA confirmed that board certification is an independent factor generating a higher hourly rate than what is earned by physical therapists who are not board certified. The difference is an estimated $2.27 more per hour on average across specialty areas.

Among board-certification specialties, there is evidence that hourly earnings vary (p = 0.051/effect size 0.017), much as they do between practice setting and clinical focus for all PTs.

Clinical specialization in women's health was determined to be the baseline, with the lowest hourly wage within the board specialties. The increase in hourly wage for other ABPTS clinical specialties ranges from $2.70 for pediatrics to $7.55 for neurology, with clinical electrophysiology being an outlier. (See Page 14 for more about this especially high wage.)

Using the average hourly increase of $2.27, APTA estimated an annual increase in wages for board certification by multiplying the $2.27 by 40 hours per week for 50 weeks per year ($2.27 x 40 = $90.80 weekly x 50 weeks). The result is an average $4,540 bump in annual wages for board-certified specialists compared with the wages of those without board certification.

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Influences of Sex/Gender or Race/Ethnicity on Wages for Clinical Specialists

Looking at wages for male versus female clinical specialists, our analysis indicates that gender identification has no influence on the benefit of hourly wage increase for board certification; male and female specialists benefit similarly by becoming board certified ($p = 0.792$). This is true even though male versus female distribution of clinical specialists within different specializations varies. For example, board-certified orthopaedic clinical specialists are almost equally distributed among APTA membership, 49.06% female and 50.94% male. On the other hand, there are more female than male clinical specialists in pediatrics (95.12% female and 4.88% male), neurology (84.45% female and 15.55% male), and geriatrics (74.32% female and 25.68% male).

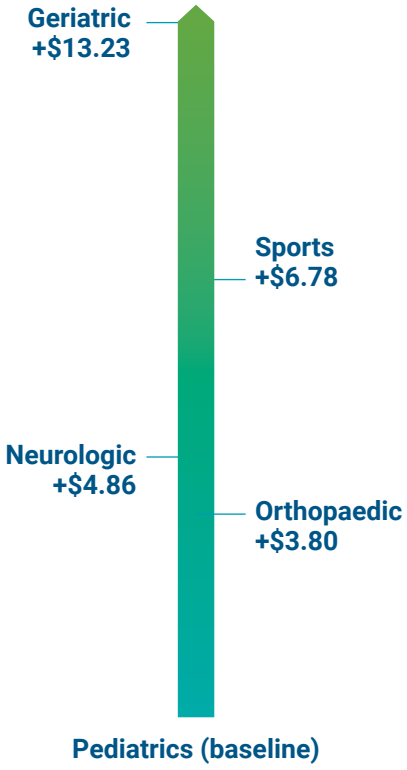
Follow-up models also revealed that board certification is not influenced by race or ethnicity ($p = 0.738$); all racial and ethnic subgroups benefit similarly from attaining board certification.

Influences of Early-Career Board Certification on Wages

In the first five years of practice, ABPTS clinical specialization is even more financially advantageous than non-certification. Early-career PTs who are board certified reported making an average estimated $2.97 per hour more than PTs who are not board certified (equating to an estimated $5,940 per year increase: $2.97 x 40 = $118.80 weekly x 50 weeks). Follow-up models revealed that this relationship does not differ by gender or race. However, it does differ by owner or partner status. Those in the first five years of practice who responded "yes" to being an owner or partner and "yes" to having a certified specialty are estimated to make approximately $10.42 per hour (or $20,840 per year) more than non-owners or partners who are board certified. (For non-specialists, being an owner or partner does not influence wages.)

While all early-career board-certified specialists earn more than their early-career non-certified colleagues, the extent of the increase again varies by specialty area. Pediatrics was chosen as the baseline with the lowest hourly rate; geriatrics earned the highest hourly rate, exceeding pediatrics by $13.23.

Note that not all clinical specializations are represented in this analysis, because those included in the chart — geriatric, neurologic, orthopaedic, pediatric, and sports physical therapy — are the only areas of board certification represented in the survey results for respondents in the first five years of practice.



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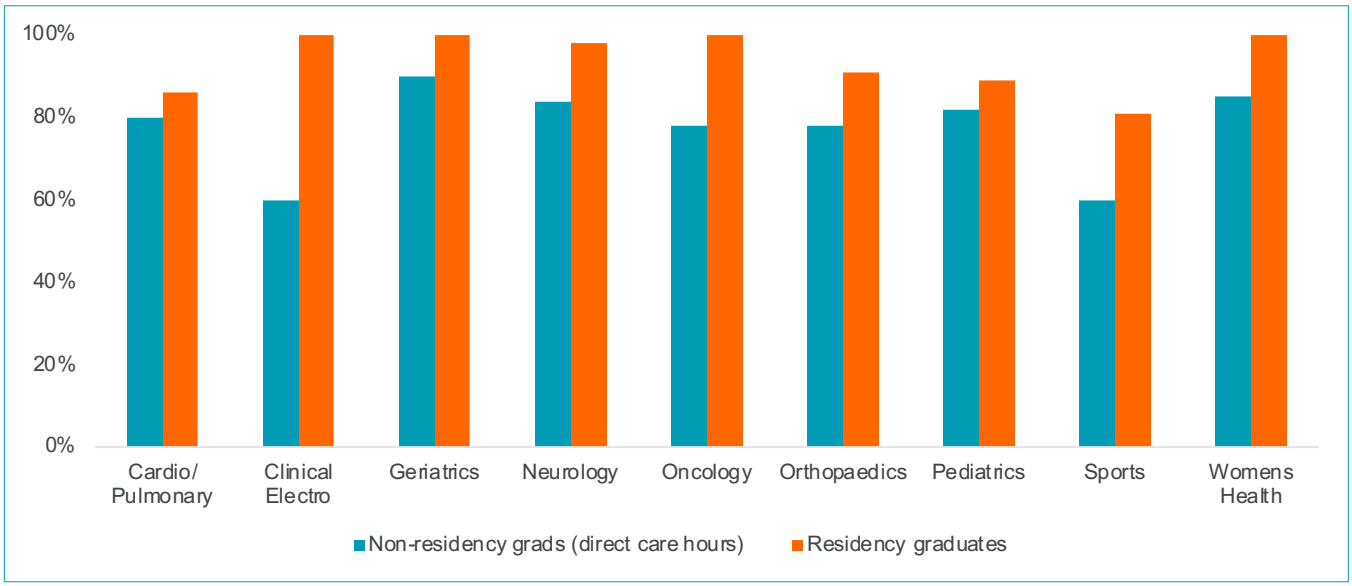
PT Residency and Fellowships

Physical therapy residency and fellowship training is an opportunity to enhance evidence-based practice and the scientific principles that underly specific practice areas through didactic, clinical, and mentor experiences. Physical therapists who complete a residency have about 16.4 greater odds of being board certified than those who don't complete a residency ($p < 0.001$); the odds for PTs who complete a fellowship are 6.7 to 1 ($p < 0.001$). Given the close relationship between residency, fellowship, and board certification, the impact of residency and fellowship on wages likely follow a similar pattern as certification.

However, residencies also have the potential to boost an early-career PT's earnings even further. This is because those who complete residency training have a higher first-time pass rate on the clinical specialization exam than non-residency graduates. The first-time pass rate for those going through the "residency option" for board certification test taking is 94% while the overall pass rate is 77%. In addition, individuals who seek residency training as a pathway for clinical specialization can apply to sit for the examination while they are still in their residency programs if they graduate at least one month before the exam testing window.

The implication is that residency is a path that can allow for earlier clinical specialization as well as enhance first-time certification exam passing rates, allowing those who complete a residency to become board certified sooner and enjoy increased earnings earlier in their career, beginning a trajectory of long-term higher gains.

Board Certification Exam Pass Rates for First-Time Test Takers by Specialty Areas



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Physical Therapist Assistant Wages

This report focuses on wage data from APTA's most recent physical therapy practice profile survey undertaken in 2021-22 (N = 773) and at times compares data from previous surveys. The most common PTA employment status in the 2021-22 survey was full-time hourly at 43.5% (N = 332), with full-time salaried at 25.0% (N = 191). Of the survey respondents, 79.6% noted their number of patient visits was stable or increasing in the past year.

APTA performed an analysis of influence of completion of the PTA Advanced Proficiency Pathways program on physical therapist assistant wages. Because of the small number of responding PTAs who indicated completion of the PTA APP, we were not powered to detect small or moderate effects (p = 0.91), and the influence remains unknown.

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Geographic Distribution of PTA Wages

Physical therapist assistant wages can be influenced by the geographic practice region, as supported by the survey results. The median reported annual wages in each year's actual dollars are listed by region. (See the next section for a discussion of annual wages over the same time period as adjusted for inflation.)

The data reflects the annual median gross earned wages reported by salaried respondents who worked full time. Median (rather than mean) salaries are presented because the median statistic is not as sensitive to extreme values. In 2021, most regional salaries hovered around the national median, with the lowest wages in the West and Northwest Central ($50,000) and the highest in the Pacific ($60,000).

Median Gross Wages of Full-Time PTAs Nationally and by Geographic Region

	2008	2016	2021
National			
	$46,000	$52,000	$54,000
Northeast			
New England	$47,000	$52,000	$59,000
Middle Atlantic	$42,500	$51,250	$57,000
Midwest			
East North Central	$45,000	$50,000	$50,750
West North Central	$41,000	$49,000	$50,000
South			
South Atlantic	$50,000	$53,000	$55,000
East South Central	$51,000	$54,000	$54,000
West South Central	$50,000	$55,000	$55,450
West			
Mountain	$45,000	$49,950	$50,000
Pacific	$50,000	$55,500	$60,000

New England: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont; Middle Atlantic: New Jersey, New York, Pennsylvania; East North Central: Illinois, Indiana, Michigan, Ohio, Wisconsin; West North Central: Iowa, Kansas, Minnesota, Missouri, Nebraska, North Dakota, South Dakota; South Atlantic: Delaware, District of Columbia, Florida, Georgia, Maryland, North Carolina, South Carolina, Virginia, West Virginia; East South Central: Alabama, Kentucky, Mississippi, Tennessee; West South Central: Arkansas, Louisiana, Oklahoma, Texas; Mountain: Arizona, Colorado, Idaho, Montana, Nevada, New Mexico, Utah, Wyoming; Pacific: Alaska, California, Hawaii, Oregon, Washington

(The chart on the next page shows graphical comparisons.)

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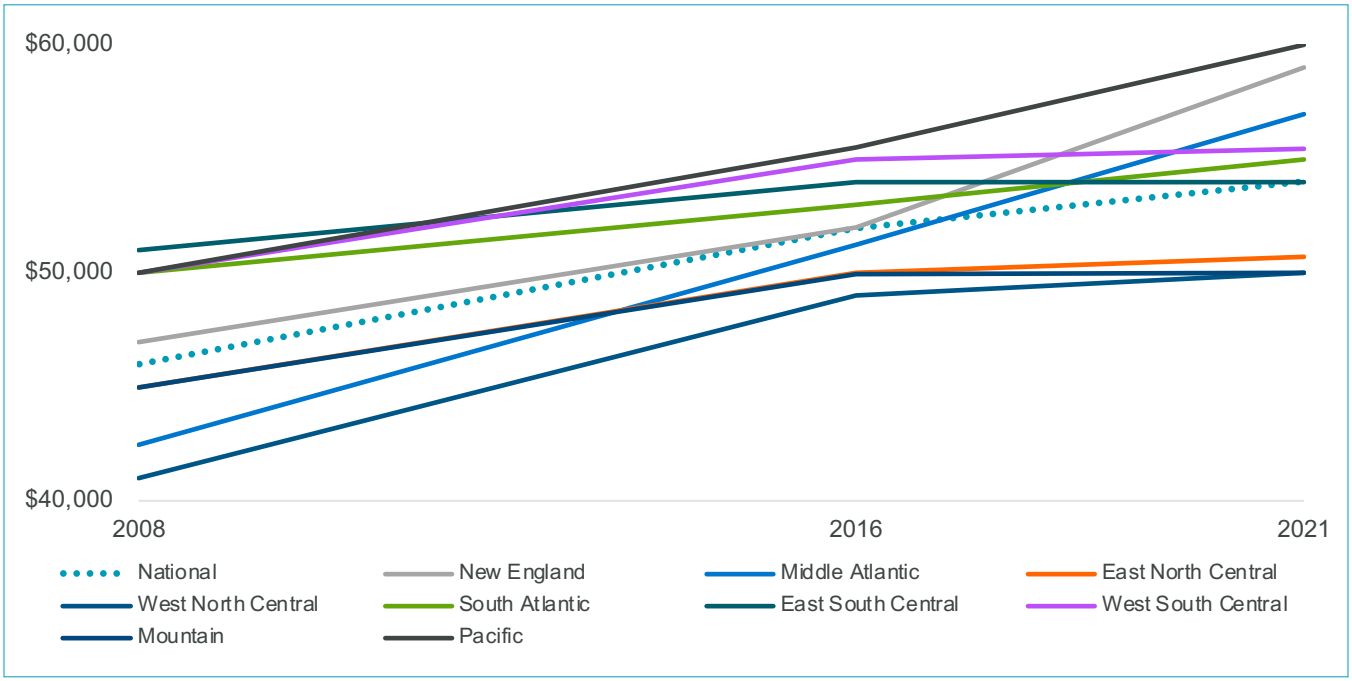
Median Gross Wages of Full-Time PTAs Nationally and by Geographic Region 2008-21



PTA Wages Growth in Real Versus Inflation-Adjusted Dollars

To provide a more accurate barometer of the change in physical therapist assistant wages over time, APTA also adjusted the national full-time PTA wages figures for inflation using the U.S. Consumer Price Index, the measure for adjusting dollar values used by the Bureau of Labor Statistics.

The graphs on the next page compare PTA wages by region with and without the national CPI adjustment for inflation for the survey years between 2008 and 2021. (Regional differences in cost of living are not considered in the analysis. Doing so likely would identify even larger gaps between adjusted and unadjusted wages in high cost-of-living states such as California, where some of the highest concentrations of physical therapist assistants are found.) Adjusting for CPI shows that the impact of inflation has varied over the years and by region of the country. In all eight geographic regions, PTA wages matched or exceeded inflation between 2008 and 2016. Between 2016 and 2021, PTA wages began to lag behind the rate of inflation in all but the Middle Atlantic and New England regions.

To assess the impact of rural versus urban locations on earnings, the median salaries were classified according to national location classification data. While there is variability noted in the regional location of PTA employment, when controlled for age, PTAs working full time in urban areas (defined as metropolitan or micro metropolitan areas) do not make significantly more or less than PTAs working in small towns/rural areas ($p = 0.382$).

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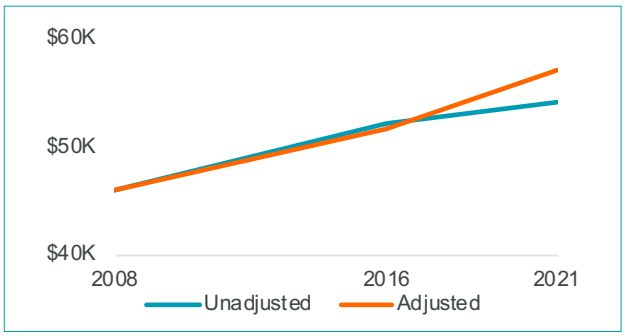
PTA Wages Growth in Real Versus Inflation Adjusted Dollars

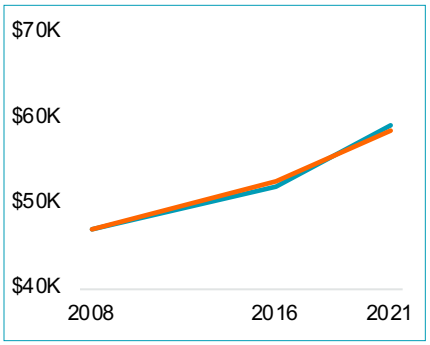
At right: National unadjusted gross wages of physical therapist assistants compared with inflation-adjusted wages between 2008 and 2021.

Below: Comparison for each U.S. geographic region.

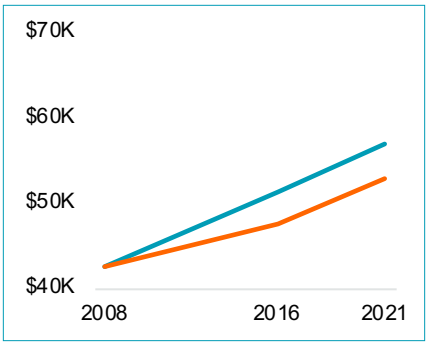
Comparison of National PTA Wages With and Without Inflation Adjustment



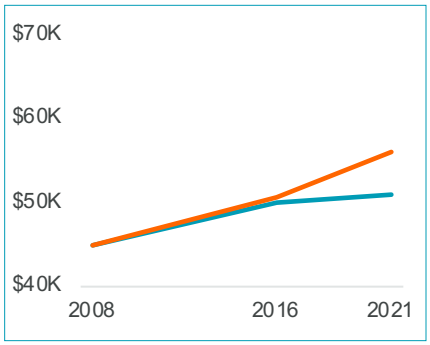
New England



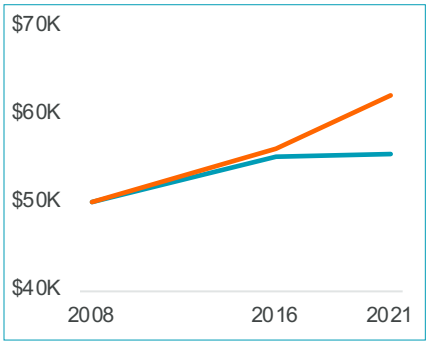
Middle Atlantic



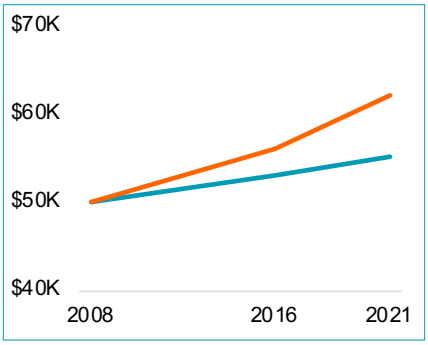
East North Central



West North Central



South Atlantic



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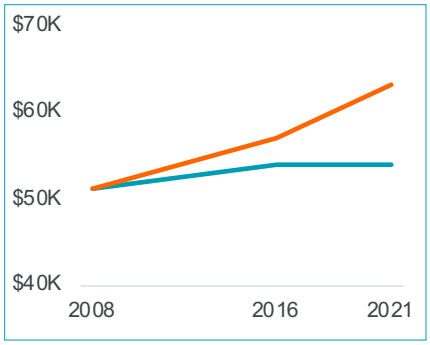

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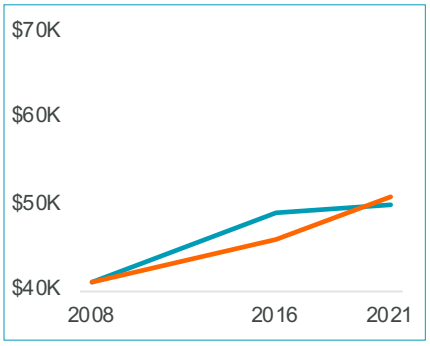

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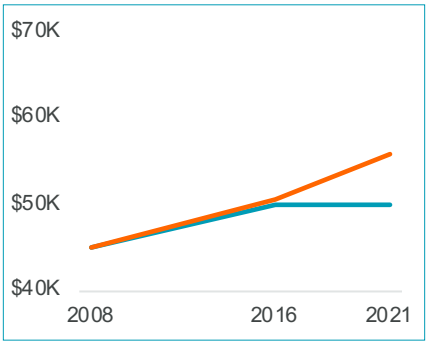

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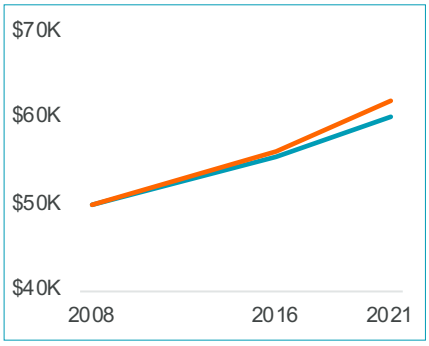

Teal line = Median wages increase since 2008. Orange line = 2008 wage increase based on inflation. Gaps between years indicate years with no available survey data.

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PTAs Employed on an Hourly Basis: Rates and Hours Worked Per Week

In the APTA practice profile survey, 65% of PTAs responded that they were paid hourly, rather than by annual salary. Their hourly rates have also been outpaced by the rate of inflation since 2016. Whether full time or part time, they are earning about $2 per hour less than the value of their hourly rate in 2016.

		2016	2021	2016 CPI Adjusted to 2021
Full-time hourly	Hourly rate	$27	$28	$30
	Median hours worked	40	40	
Part-time hourly	Hourly rate	$28	$29	$31
	Median hours worked	24	24	

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Influence of Years of Experience on PTA Wages

Based on responses to the 2021-22 practice profile survey from physical therapist assistants working full time, for each year of full-time experience in the field of physical therapy, an additional $0.11 per hour, or $220 annually (based on a 40-hour work week) was earned.

Years of experience correlates highly with age, at about 95% (r = .95). Thus, both factors have the same influence on wages earned. To ensure that wages differences among practice setting groupings were not skewed by older or younger cohorts unevenly distributed among the settings, APTA fit linear regression models controlling for the influence of age. (The technical summary on Page 40 gives further explanation.) Thus, differences found among settings are not attributable to the age of the respondents.

An analysis of the influence of inflation from 2008 to 2021 on physical therapist assistant wages by years of experience demonstrated that inflation outpaced wages between 2016 and 2021 except for those with up to three years of experience and those with 31 or more years of experience. The graphs on the next page show the comparisons between unadjusted and inflation-adjusted wages for each range of years of experience.

Median Gross Earned Wages of Full-Time PTAs by Years of Experience

	2008	2016	2021
0-3	$38,500	$45,000	$49,000
4-6	$43,000	$49,000	$50,000
7-9	$45,000	$52,500	$53,000
10-15	$50,000	$60,000	$60,000
16-20	$52,558	$57,204	$62,000
21-30	$52,500	$61,500	$63,000
31+	$55,000	$59,600	$69,000

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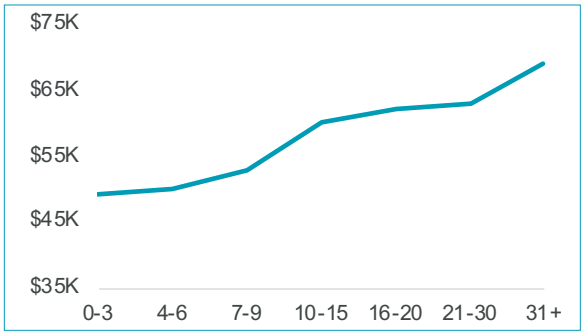
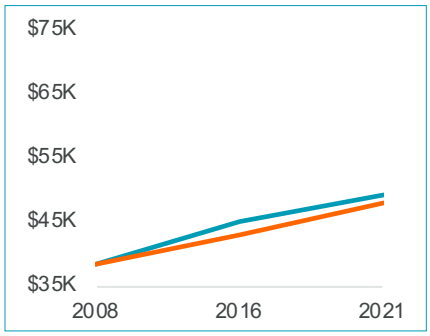
At right: Physical therapist assistant wages by years of experience in 2021.

Below: Comparison of unadjusted versus inflation-adjusted PT wages for each range of years of experience.

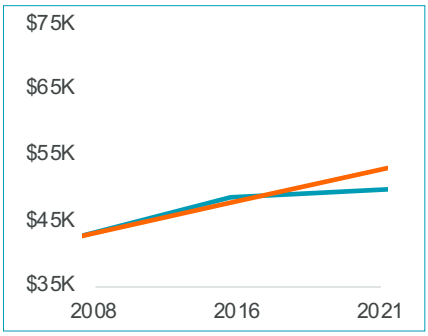
PTA Wages by Years of Experience 2021



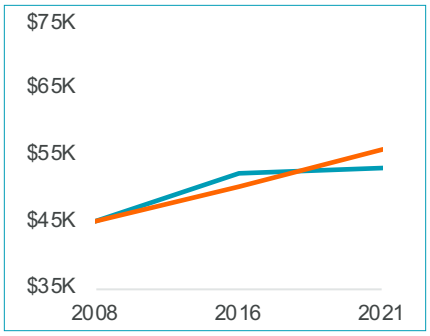
0-3 Years



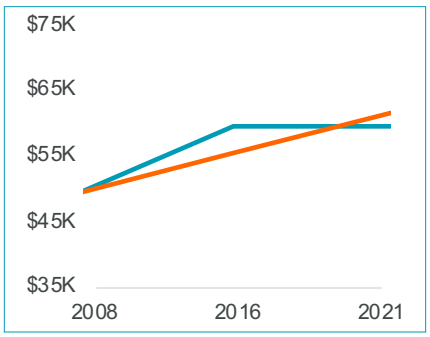
4-6 Years



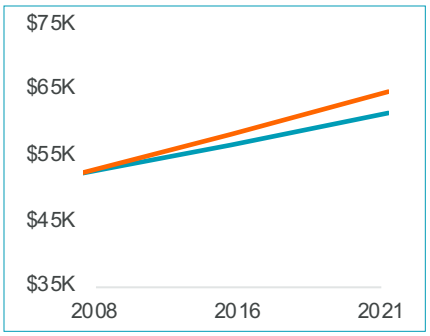
7-9 Years



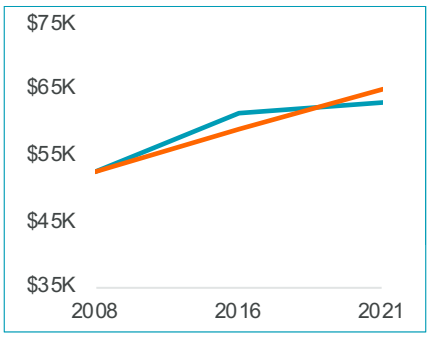
10-15 Years



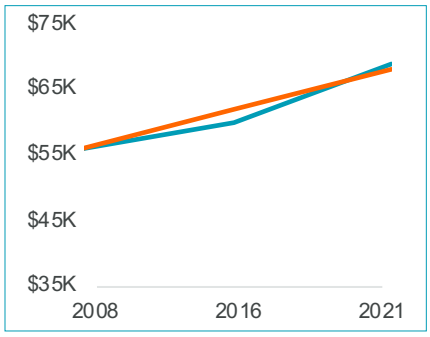
16-20 Years



21-30 Years



31+ Years



Teal line = Median wages increase since 2008. Orange line = 2008 wage increase based on inflation. Gaps between years indicate years with no available survey data.

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Influence of Practice Setting on PTA Wages

PTA wages historically are variable between practice settings. Academic institutions continue to pay a higher wage than other areas in physical therapy, while private outpatient facilities continue to pay the least. While the ranking of employment setting wages from highest paying to lowest has remained relatively the same, the percent changes have varied widely from 2016 to 2021. The biggest change, at -10.6%, was in home health, which was the only setting to experience a decrease in wages. Hospital-based outpatient settings showed an increase of 10.0%. Of the remaining settings analyzed, wages from academic institutions increased 7.9%, acute care 7.7%, skilled nursing facilities 5.8%, and private outpatient 4.2%.

Based on responses from the 2021-22 practice profile survey, the largest percentage of physical therapist assistants work in private outpatient settings (36%), followed by hospital-based outpatient settings (15%).

Median Gross Annual Wages of Full-Time PTAs by Practice Setting

	2016	2021
Private outpatient office or group practice (36%)	$48,000	$50,000
Health system or hospital-based outpatient facility or clinic (15%)	$50,000	$55,000
Acute care hospital (8% of PTAs)	$52,500	$56,519
Skilled nursing facility/long-term care (10%)	$52,000	$55,500
Patient's home/home care (9%)	$61,500	$55,000
Postsecondary academic institution (10%)	$63,000	$68,000

Due to small sample size, wages are not reported in categories with fewer than 25 respondents, including K-12 school system, inpatient rehab, health and wellness, research, and industry.

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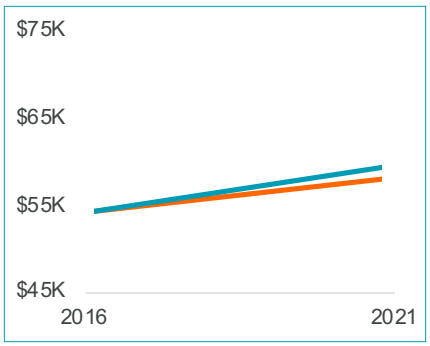
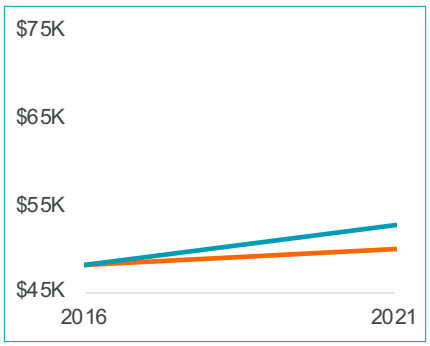
Below: Comparison of unadjusted versus inflation-adjusted PTA wages for each practice setting. The 2016 employment setting data was evaluated to determine if salaries have kept pace with inflation over the previous five years. Inflation outpaced all employment settings except for hospital outpatient facilities, where it remained in alignment with inflation. Home care saw the greatest inflationary impact because unadjusted wages decreased as inflation increased. Private outpatient facilities, with a smaller wage increase, also were impacted more heavily by inflation than other practice settings.

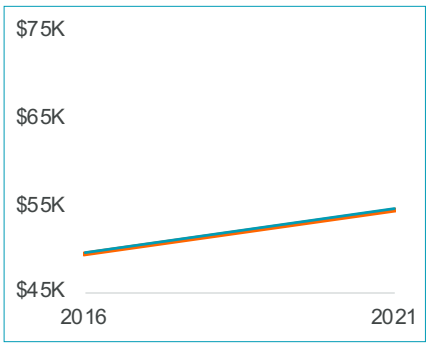
Acute Care Facility



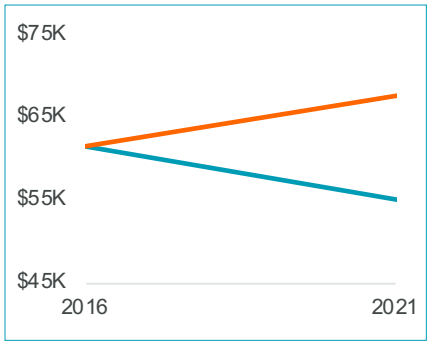
Private Outpatient Office or Group Practice



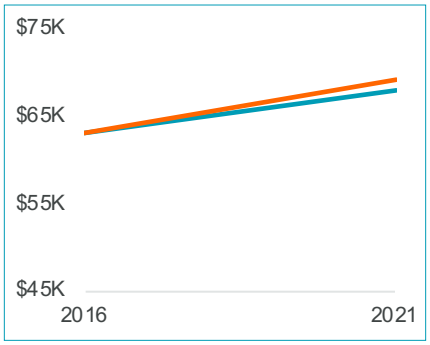
Health System or Hospital-Based Outpatient Facility or Clinic



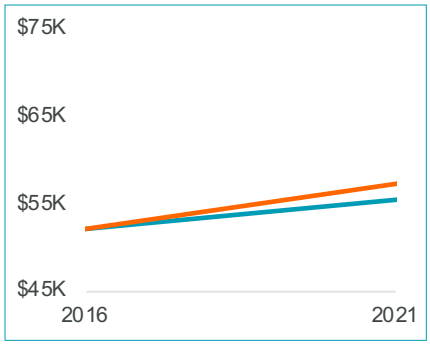
Patient's Home/Home Care



Academic Institution (postsecondary)



Skilled Nursing Facility/ Long-Term Care



Teal line = Median wages increase since 2016. Orange line = 2016 wage increase based on inflation. Gaps between years indicate years with no available survey data.

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PTA Hourly Wage Comparisons

Historically, data on wages has described the annual wages of physical therapist assistants at their primary positions in different regions, practice areas, and employment settings, as well as by their years of experience. To better quantify the many factors that influence wages, APTA also converted the wages data from its 2021-22 practice profile survey to an hourly wage based on the reported hours worked. This allowed for more lateral comparisons of time spent for dollars earned when PTAs report varying weekly hours. For these hourly wage comparisons, APTA used wages from full-time and part-time salaried and hourly employed PTAs.

In the hourly analysis of the data, we excluded the following responses:

- Those who reported making less than federal minimum wage.
- Those who reported part-time status but worked more than 34 hours.
- Those who reported being full time but worked fewer than 34 hours or more than 60 hours.

Analysis of each category — practice setting, clinical focus, and so forth — began with identifying the area within the category with the lowest hourly wage (considered the baseline) and then generating a comparative adjusted ranking of hourly wages for each area above the baseline. The result quantifies, relatively, how much more or less a PTA in a given area would earn per hour over the others within the category.

Note that these are relative comparisons. Because of the variations in wages shown earlier by region of the country, years of experience, and practice setting, we did not set a dollar amount for the baseline. Instead, it is a relative "zero" that the other areas build on to determine the differences in hourly wages.

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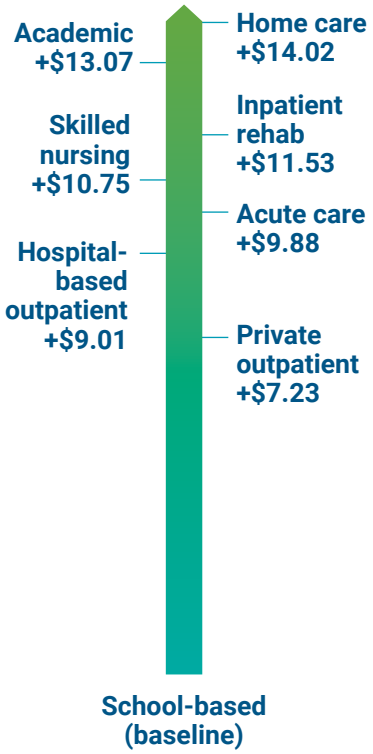
PTA Hourly Wage Comparison by Practice Setting

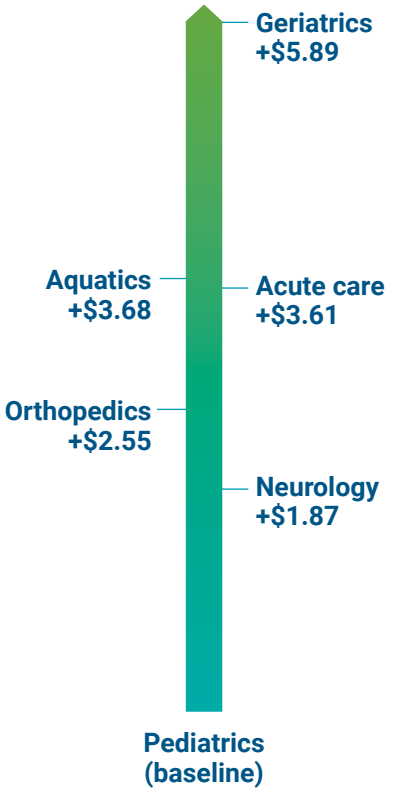
The baseline for comparison of PTA hourly wages is the school (K-12) setting, as the lowest-paying-per-hour setting analyzed. The highest-paying setting per hour is home care, at $14.02 more than the baseline. Along the spectrum, PTAs in private practice settings earn $7.23 more than baseline, hospital-based outpatient settings pay $9.01 more, acute care pays $9.88 more, SNFs pay $10.75 more, inpatient rehab pays $11.53 more, and academic settings pay $13.07 more than baseline.

Note that, because of their small sample sizes, school-based and inpatient rehab settings were omitted from the annual median full-time salaried wages distribution by practice setting (Page 31). However, the data used to calculate the hourly wage comparisons also includes part-time salaried and full- and part-time hourly employment, increasing the sample size for these settings. The hourly wage comparison results in slightly different conclusions about average wages variations by practice setting from the annual wages comparison. For example, PTAs in academic institutions are shown to earn the highest annual wages, but they are exceeded by home care on an hourly basis. The difference is reflected in the number of hours practiced in each setting.



PTA Hourly Wage Comparison by Clinical Focus

As with practice setting, there is a significant association between hourly wages and clinical focus for PTAs. The baseline for comparison is pediatrics, as the lowest-paying-per-hour clinical focus analyzed. The hourly wage increase in other areas of clinical focus ranged from neurology, at $1.87 higher, to geriatrics, at $5.89 higher. In between are orthopedics, at $2.55, acute care, at $3.61, and aquatics, at $3.68.



Because of the variations in wages shown earlier by region of the country, years of experience, and practice setting, we did not set a dollar amount for the baseline. Instead, it is a relative "zero" that the other areas build on to determine the differences in hourly wages.

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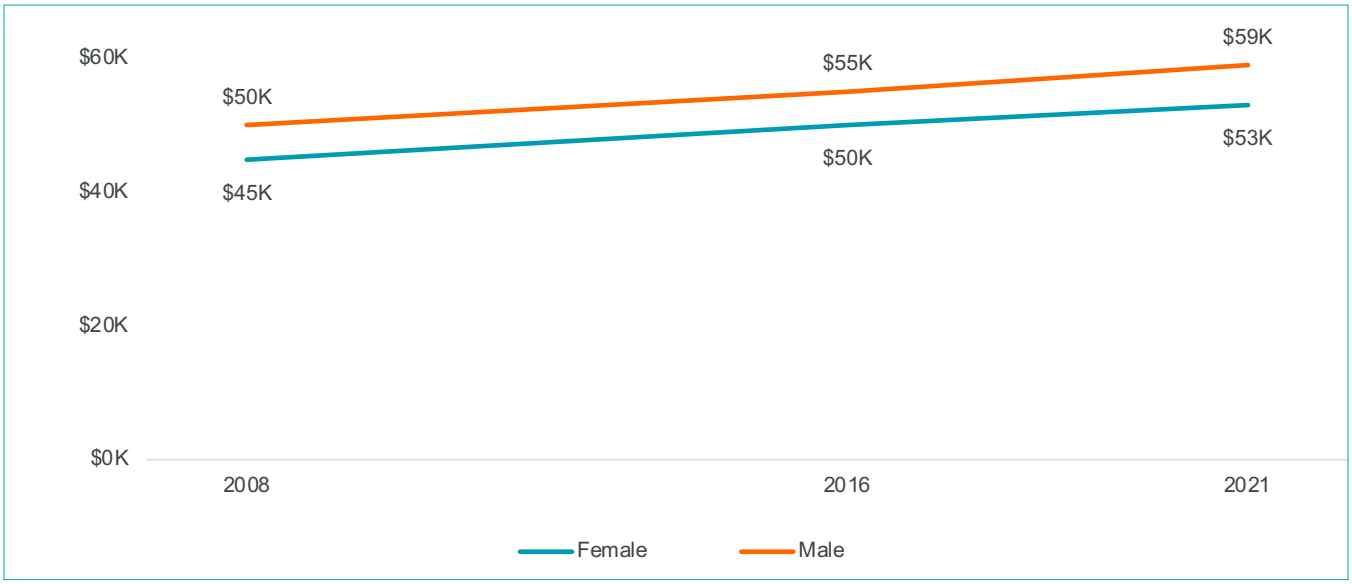
Influence of Sex/Gender on PTA Hourly Wage

As with physical therapists, the influence of self-identified sex/gender (female/male) on PTA wages is complicated and has been the source of significant attention as the nation struggles to understand and address the gender pay gap. Contributing to the challenge for physical therapist assistants is that Bureau of Labor Statistics and census data include physical therapy aides in their comparisons of salaries between male and female PTAs. Likewise, the Narrow the Gap website includes PTAs in its comparison of varied workers "in health care support occupations."

Physical Therapist Assistant Wages by Sex/Gender 2008-21



The Impact of Years in Practice on Wages for Female Versus Male PTAs

As explained earlier (see "Influence of Years of Experience" on Page 8), age and years of experience strongly influence wages, as people gain work experience and take on larger responsibilities, get promoted, and change jobs. To evaluate the differences in wages over time between male and female PTAs, the 2021-22 APTA practice profile survey data was stratified by years of experience. Because of the sample size, groups were divided by every 10 years of experience rather than a smaller range. As shown in the table below showing hourly wages by sex/gender and years of experience, a "wage gap" was found in two of the three age groups used for analysis: those at 0-10 years of experience and those at 11-20 years of experience. The difference within the 21-30 age group was not statistically significant.

Years of Experience	Estimated Gap (Male-Female)	Effect Size	Significant?	Male PTAs	Female PTAs
0-10	$2.57 per hour	d = 0.308	Yes (p = 0.031)	82	245
11-20	$5.10 per hour	d = 0.514	Yes (p = 0.034)	27	60
21-30	$1.04 per hour	d = 0.128	No (p = 0.621)	19	72

As with pay disparities between male and female physical therapists, it is important to continue to collect data on the multiple factors that influence PTA wages and provide insight into strategies to combat disparities when they arise throughout their careers.

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Influence of Race/Ethnicity on PTA Hourly Wage

Overall, there is a statistically significant association between hourly PTA wages and some racial/ethnic groups but not others (P < .001). In our analysis, white (not of Hispanic origin) was the baseline group. Those who identified as Asian earned the most, with $7.28 per hour more than the white group; Hispanic and Latino PTAs earned $7.05 per hour more; African American or Black PTAs earned $0.28 per hour more; and those in "Other" ethnic or racial groups earned $1.41 per hour more than the baseline group.

Race/Ethnicity	% PTA Respondents	Estimated Change From Baseline	Effect Size	Significant?
White	83.0%	Baseline		
African American or Black	2.4%	+$0.28 more/hour	d = -0.041	No (p = 0.859)
Hispanic/Latino	6.7%	+$7.05 more/hour	d = -0.721	Yes (p = 0.001)
Asian	3.6%	+$7.28 more/hour	d = -0.621	Yes (p = 0.044)
Other*	2.4%	+$1.41 more/hour	d = -0.182	No (p = 0.408)

*Includes but isn't limited to American Indian or Alaska Native, and Pacific Islander or Native Hawaiian; which individually had sample sizes that were too small.

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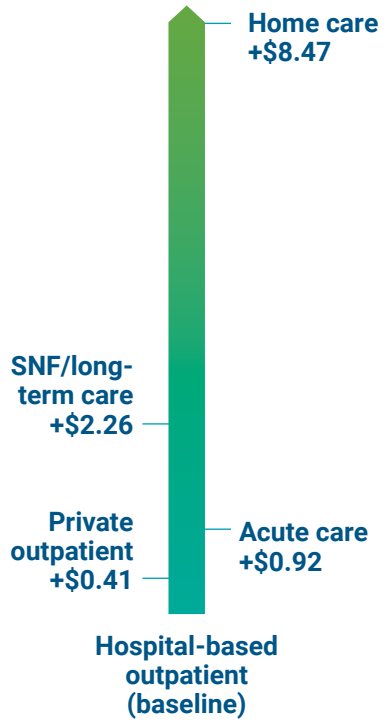
PTAs Entering the Profession

In "Influence of Years of Experience on PTA Wages" (Page 29), we explained how wages increases as PTAs gain years of experience as they age. As seen in the gender pay difference data, early, mid, and late career time periods may be associated with unique issues and characteristics. To gain insight into the current environment that PTAs are entering into upon graduation, and potentially explore ways to influence wages trajectories, APTA performed a targeted analysis of only PTAs in the first five years of their careers, those having graduated after 2017.

Influence of Practice Setting on Early-Career PTA Hourly Wage

As with PTAs at large, there is a significant association between hourly wages and the facility where early-career PTAs work.

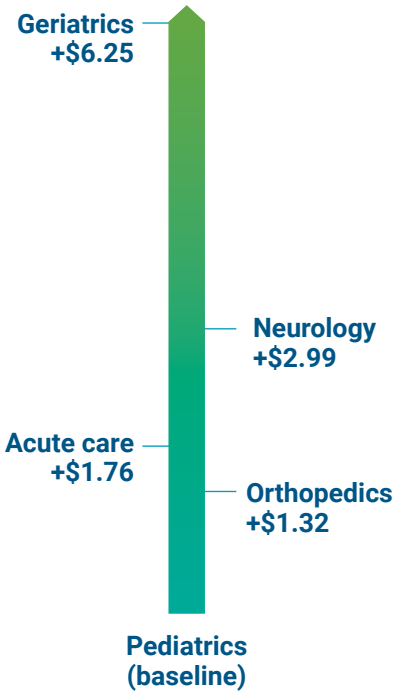
With the lowest hourly wages, hospital-based outpatient facilities were the baseline. Home care ($8.47 more per hour) settings paid the highest hourly wages in comparison. In between, private outpatient settings paid $0.41 more, acute care paid $0.92 more, and skilled nursing and long-term care facilities paid $2.26 more than the baseline.



Influence of Clinical Focus on Early-Career PTA Hourly Wage

We performed the analysis of hourly wages comparisons among areas of clinical focus using only the early-career PTA respondents. The placement of clinical areas along the trajectory from low to high largely tracked that of PTAs overall. As the lowest-paying area per hour, pediatrics was the baseline, followed by orthopedics, acute care, and neurology, with geriatrics being the highest paid.

Note that not all of the areas of clinical focus from the analysis of PTAs at large (Page 34) are represented here, because those included in this chart — acute care, geriatric, neurologic, orthopedic, and pediatric physical therapy — are the only areas represented in the survey results for PTA respondents in their first five years after graduation.



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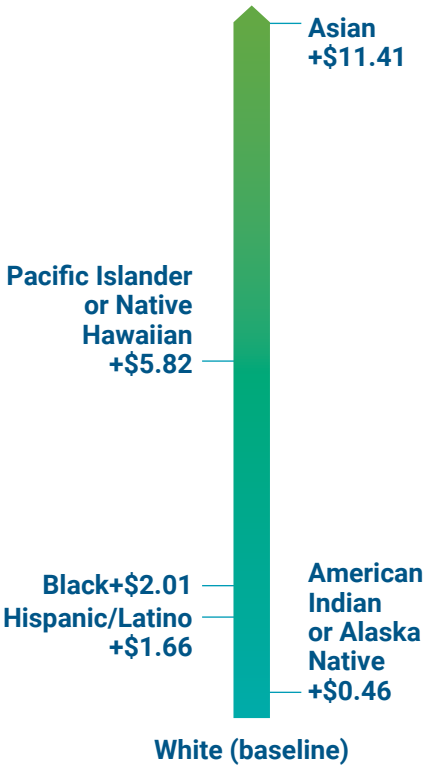
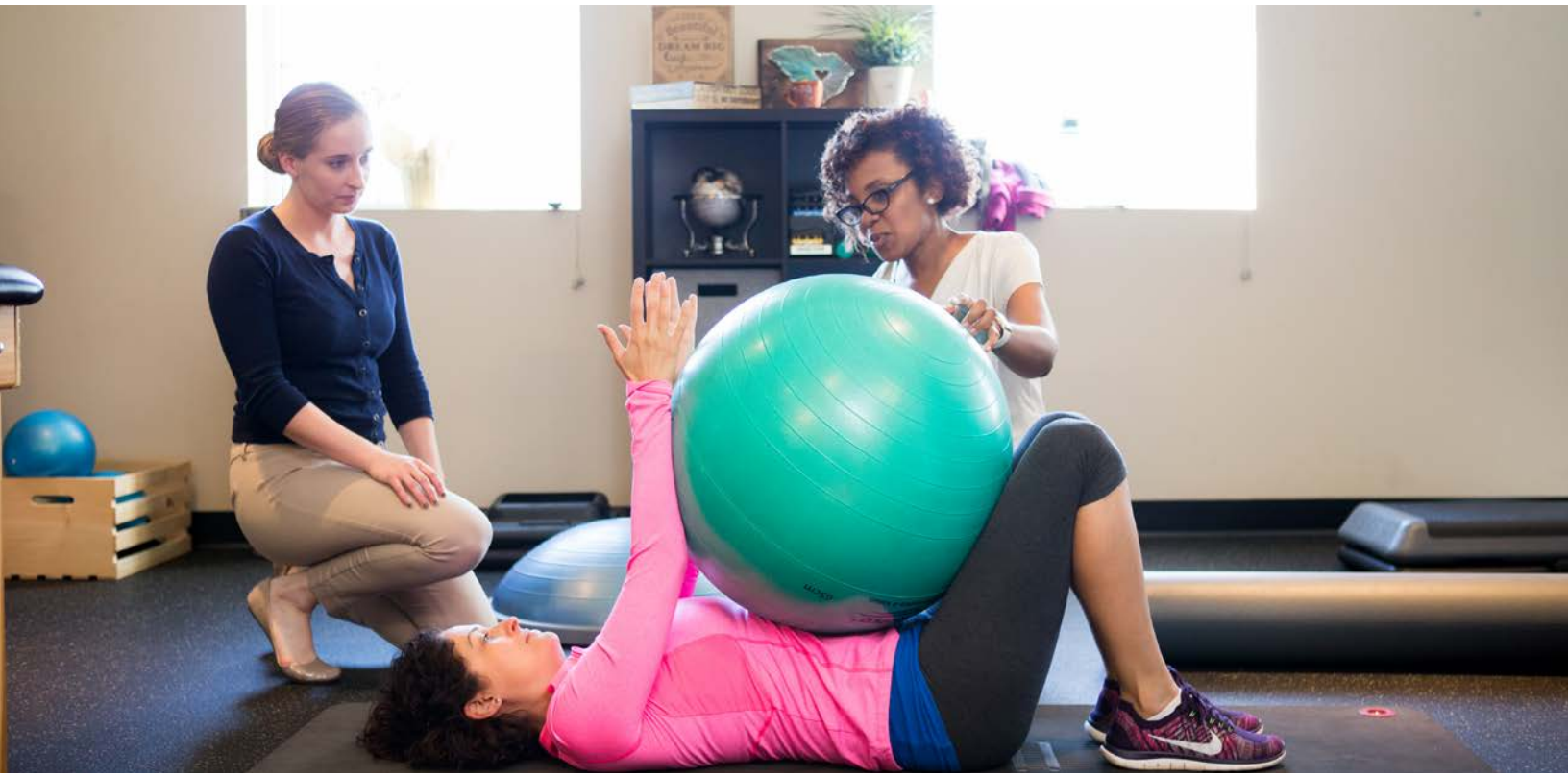
Influence of Race and Ethnicity on Early-Career PTA Hourly Wage

There was a significant association between hourly wages and race or ethnicity in the first five years of work for PTAs, with those who identified as Asian, Pacific Islander or Native Hawaiian, African American or Black (non-Hispanic), and Hispanic/Latino earning at least $1.00 more per hour over those who identified as white (non-Hispanic), which was the baseline group. PTAs who identified as American Indian or Alaska Native earned slightly more than the baseline ($0.46).





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Conclusion

Wages in physical therapy is multifaceted for both physical therapists and physical therapist assistants. Geographical region, practice setting, clinical focus areas, years of practice, sex/gender, and the choices made in pursuing career advancement all create variations in wages. When disparities exist, efforts to identify and lessen them require data that brings better understanding of the factors that influence wages. Transparency in wages data from employers and employees will allow for PTs and PTAs, employers, and payers to understand the challenges within the field and thus ensure a sustainable workforce to care for the populations in need.

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Data Methods/Technical Summary

For this analysis, APTA surveyed PTs and PTAs and collected data from 2021 to 2022. Before being cleaned, the dataset included 4,523 unique responses from PTs and 773 unique responses from PTAs.

Data cleaning primarily consisted of ensuring data fidelity and quality. More specifically, these responses were excluded from all analysis:

- Individuals who self-reported earning hourly wages lower than the federal minimum wage.
- Individuals working more than 35 hours per week on average when identifying as part time.
- Individuals working fewer than 35 or more than 60 hours per week on average when identifying as full time.

Additionally, to help focus analysis results on the "typical" physical therapy population, physical therapists working at institutions allocating an average of less than 15 minutes or more than 60 minutes to a single one-on-one examination also were excluded. The majority of excluded individuals (82.5% of excluded PTs and 69.3% of excluded PTAs) had missing values for these data fidelity variables.

Hourly wages, the primary outcome measure of the study, was calculated by dividing (A) current self-reported annual wages by (B) 48 times the self-reported average weekly hours worked.

The linear regression model was the primary analytic tool for determining the relationship of the factors of interest with hourly wages. Continuous factors were interpreted using a standard per-unit-increase approach, while categorical factors were assigned a reference category and interpreted relatively. Additionally, analysis-of-variance-based methods were used to determine the overall significance of a given categorical factor.

To standardize the "size" of the estimated gap in earnings between male and female PTs and PTAs, APTA used Cohen's d, which was calculated by dividing the difference in the average male and female salaries by the pooled sample standard deviation.

All analyses were performed using R version 4.1.3.

Full listings of the selected PT and PTA demographics are shown in Appendix I and Appendix II.

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Appendices

Appendix I. Full Listing of Selected Physical Therapist Demographic

	Overall	Early Career
	N = 3,067	N = 785
Clinical Focus		
MISSING	175 (5.7)	145 (18.5)
Aquatic Physical Therapy	60 (2.0)	14 (1.8)
Sports	7 (0.2)	1 (0.1)
Women's Health	99 (3.2)	20 (2.5)
Wound Management	15 (0.5)	0 (0.0)
Lymphedema Management	10 (0.3)	2 (0.3)
Acute Care Physical Therapy	221 (7.2)	52 (6.6)
Cardiovascular Pulmonary	23 (0.7)	3 (0.4)
Clinical Electrophysiology	7 (0.2)	0 (0.0)
Geriatrics	312 (10.2)	57 (7.3)
Hand Rehabilitation	9 (0.3)	0 (0.0)
Neurology	302 (9.8)	69 (8.8)
Oncology	39 (1.3)	10 (1.3)
Orthopedics	1,388 (45.3)	336 (42.8)
Pediatrics	315 (10.3)	66 (8.4)
Other	85 (2.8)	10 (1.3)
Sex		
MISSING	44 (1.4)	4 (0.5)
Female	2,102 (68.5)	542 (69.0)
Male	921 (30.0)	239 (30.4)
Age	42.17 (12.65)	29.15 (4.47)
Race		
MISSING	47 (1.5)	11 (1.4)
African American or Black (not of Hispanic origin)	43 (1.4)	11 (1.4)
American Indian or Alaska Native	8 (0.3)	3 (0.4)
Asian	173 (5.6)	57 (7.3)
Hispanic/Latino	107 (3.5)	41 (5.2)
Other	62 (2.0)	24 (3.1)
Pacific Islander or Native Hawaiian	7 (0.2)	3 (0.4)
White (not of Hispanic origin)	2,620 (85.4)	635 (80.9)

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	Overall	Early Career
Employment Status	**N = 3,067**	**N = 785**
Full-time hourly	516 (16.8)	200 (25.5)
Full-time salaried	1,828 (59.6)	494 (62.9)
Full-time self-employed	230 (7.5)	15 (1.9)
Part-time hourly	257 (8.4)	53 (6.8)
Part-time salaried	135 (4.4)	16 (2.0)
Part-time self-employed	101 (3.3)	7 (0.9)
Practice Setting		
	18 (0.6)	5 (0.6)
Academic institution (postsecondary)	205 (6.7)	10 (1.3)
Acute care hospital	330 (10.8)	101 (12.9)
Health and wellness facility	26 (0.8)	7 (0.9)
Hospital-based outpatient facility or clinic	804 (26.2)	222 (28.3)
Industry	12 (0.4)	1 (0.1)
Inpatient rehab facility	109 (3.6)	30 (3.8)
Other (please specify)	159 (5.2)	28 (3.6)
Patient's home/home care	166 (5.4)	28 (3.6)
Private outpatient office or group practice	1,052 (34.3)	315 (40.1)
Research center	11 (0.4)	2 (0.3)
School system (preschool/primary/secondary)	89 (2.9)	13 (1.7)
Skilled nursing facility/long-term care	86 (2.8)	23 (2.9)
Owner/Partner?		
MISSING	185 (6.0)	151 (19.2)
No	2,400 (78.3)	614 (78.2)
Yes	482 (15.7)	20 (2.5)
Board Certified?		
No	2,070 (67.5)	658 (83.8)
Yes	997 (32.5)	127 (16.2)

Descriptive statistics presented as Mean (SD) for continuous variables and N (%) for categorical.

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Appendix II. Full Listing of Selected Physical Therapist Assistant Demographics

	Overall	Early Career
	N = 548	N = 228
Clinical Focus		
MISSING	102 (18.6)	83 (36.4)
Aquatic Physical Therapy	11 (2.0)	3 (1.3)
Sports	0 (0.0)	0 (0.0)
Women's Health	2 (0.4)	0 (0.0)
Wound Management	0 (0.0)	0 (0.0)
Lymphedema Management	2 (0.4)	0 (0.0)
Acute Care Physical Therapy	34 (6.2)	13 (5.7)
Cardiovascular Pulmonary	2 (0.4)	0 (0.0)
Clinical Electrophysiology	0 (0.0)	0 (0.0)
Geriatrics	89 (16.2)	20 (8.8)
Hand Rehabilitation	0 (0.0)	0 (0.0)
Neurology	20 (3.6)	9 (3.9)
Oncology	4 (0.7)	0 (0.0)
Orthopedics	222 (40.5)	82 (36.0)
Pediatrics	21 (3.8)	11 (4.8)
Other	39 (7.1)	7 (3.1)
Sex		
MISSING	12 (2.2)	6 (2.6)
Female	403 (73.5)	165 (72.4)
Male	133 (24.3)	57 (25.0)
Age	41.93 (11.34)	35.76 (9.10)
Race		
MISSING	11 (2.0)	7 (3.1)
African American or Black (not of Hispanic origin)	13 (2.4)	8 (3.5)
American Indian or Alaska Native	6 (1.1)	2 (0.9)
Asian	19 (3.5)	8 (3.5)
Hispanic/Latino	33 (6.0)	13 (5.7)
Other	14 (2.6)	7 (3.1)
Pacific Islander or Native Hawaiian	2 (0.4)	1 (0.4)
White (not of Hispanic origin)	450 (82.1)	182 (79.8)

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	Overall	Early Career
Employment Status		
Full-time hourly	266 (48.5)	130 (57.0)
Full-time salaried	166 (30.3)	40 (17.5)
Full-time self-employed	10 (1.8)	2 (0.9)
Part-time hourly	92 (16.8)	45 (19.7)
Part-time salaried	9 (1.6)	7 (3.1)
Part-time self-employed	5 (0.9)	4 (1.8)
Practice Setting		
Academic institution (postsecondary)	56 (10.2)	2 (0.9)
Acute care hospital	49 (8.9)	20 (8.8)
Health and wellness facility	2 (0.4)	2 (0.9)
Hospital-based outpatient facility or clinic	81 (14.8)	22 (9.6)
Industry	1 (0.2)	0 (0.0)
Inpatient rehab facility	15 (2.7)	4 (1.8)
Other (please specify):	32 (5.8)	10 (4.4)
Patient's home/home care	45 (8.2)	22 (9.6)
Private outpatient office or group practice	204 (37.2)	118 (51.8)
Research center	3 (0.5)	0 (0.0)
School system (preschool/primary/secondary)	8 (1.5)	3 (1.3)
Skilled nursing facility/long-term care	50 (9.1)	24 (10.5)
Owner/Partner?		
MISSING	94 (17.2)	79 (34.6)
No	442 (80.7)	148 (64.9)
Yes	12 (2.2)	1 (0.4)
Advanced Proficiency Pathway Program Completed?		
No	528	224
Yes	19	4

Descriptive statistics presented as Mean (SD) for continuous variables and N (%) for categorical.

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